

Call it what you will, it may be premalignant...

Before

3/29/67 Before therapy with 5%-FU cream. Patient P. T. shows a moderately severe solar keratotic involvement. Note residual scarring from the previous cryosurgical and electrosurgical procedures on forehead and ridge of nose adjacent to periauricular area.

After

6/12/67 Seven weeks after cessation of therapy. Reactions have subsided. Residual scarring is not seen except for that due to prior surgery. Inflammation has disappeared and face is clear of keratotic lesions.





Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

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and Efudex® (fluorouracil) 5% cream can resolve it.

Call it actinic, solar or senile keratoses,
many regard it as "precancerous."^{1,2}

Topical fluorouracil, considered by some dermatologists to be a major advance in the treatment of multiple solar keratoses,^{3,4} offers the physician a relatively inexpensive alternative to cryosurgery, electrodesiccation and cold knife surgery. Of the topical fluorouracils available, only Efudex offers 2% and 5% solution and 5% cream formulations—formulations that have proved effective in the treatment of these multiple lesions.

Usual duration of therapy, 2 to 4 weeks.

Studies showed that with the 2% and 5% Efudex preparations, the usual duration of therapy was only 2 to 4 weeks.⁵ Other studies with topical fluorouracil revealed that when concentrations of less than 2% were used, significant numbers of lesions recurred.⁶

Treats the lesions you can't see, too.

Numerous lesions, not apparent prior to 2% and 5% Efudex therapy, manifested themselves by definite reactions, while intervening skin remained relatively unaffected.⁶ The early eradication of these subclinical lesions (which may otherwise have undergone further progression) probably accounts for the reduced incidence of future solar keratoses in patients treated with topical fluorouracil—especially with 5% concentrations.⁶

How to identify solar keratoses.

Typically, the lesion—a flat or slightly elevated brown to red-brown papule—is dry, rough, adherent and sharply defined. Multiple lesions are the rule.

Predictable therapeutic response.

The response to a typical course of Efudex therapy is usually characteristic and predictable. After 3 or 4 days of treatment, erythema begins to appear in the area of keratoses. This is followed by a moderate to intense inflammatory response, scaling and occasionally moderate tenderness or pain. The height of this response generally occurs two weeks after the start of therapy and then begins to subside as treatment is stopped. Within two weeks of discontinuing medication, the inflammation is usually gone. Lesions that do not respond should be biopsied.

References: 1. Allen, A. C.: *The Skin, A Clinicopathological Treatise*, ed. 2, New York, Grune & Stratton, 1967, p. 842. 2. Dillaha, C. J.; Jansen, G. T. and Honeycutt, W. M.: "Treatment of Actinic Keratoses with Topical Fluorouracil," in Waisman, M. (ed.): *Pharmaceutical Therapeutics in Dermatology*, Springfield, Ill., Charles C Thomas, 1968, p. 18. 3. Belisario, J. C.: *Cutis*, 6:293, 1970. 4. Sams, W. M.: *Arch. Derm.*, 97:14, 1968. 5. Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey. 6. Williams, A. C., and Klein, E.: *Cancer*, 25:450, 1970.

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Multiple actinic or solar keratoses.

Contraindications: Patients with known hypersensitivity to any of its components.

Warnings: If occlusive dressing used, may increase inflammatory reactions in adjacent normal skin. Avoid prolonged exposure to ultraviolet rays. Safe use in pregnancy not established.

Precautions: If applied with fingers, wash hands immediately. Apply with care near eyes, nose and mouth. Lesions failing to respond or recurring should be biopsied.

Adverse Reactions: Local—pain, pruritus, hyperpigmentation and burning at application site most frequent; also dermatitis, scarring, soreness and tenderness. Also reported—insomnia, stomatitis, suppuration, scaling, swelling, irritability, medicinal taste, photosensitivity, lacrimation, leukocytosis, thrombocytopenia, toxic granulation and eosinophilia.

Dosage and Administration: Apply sufficient quantity to cover lesion twice daily with nonmetal applicator or suitable glove. Usual duration of therapy is 2 to 4 weeks.

How Supplied: Solution, 10-ml drop dispensers—containing 2% or 5% fluorouracil on a weight/weight basis, compounded with propylene glycol, tris(hydroxymethyl)amino-methane, hydroxypropyl cellulose, parabens (methyl and propyl) and disodium edetate.

Cream, 25-Gm tubes—containing 5% fluorouracil in a vanishing cream base consisting of white petrolatum, stearyl alcohol, propylene glycol, polysorbate 60 and parabens (methyl and propyl).



now

Efudex®
(fluorouracil)
cream/solution

Regularity— for about half the regular cost.

Especially for your patients on fixed incomes there is ample reason to recommend Regutol. It costs about half what the other stool softeners with dioctyl sodium sulfosuccinate cost. Yet it offers the same quality and advantages as the more expensive brands.

Regutol is gentle. It works without laxative-type irritation. It enables the natural moisture in the colon to soften or prevent hard stools. There's no cramping or urgency. Just a comfortable return to easier, normal evacuation.

Regutol. For older patients or any patient with constipation. It's the gentle approach to therapy...physiologically and economically.

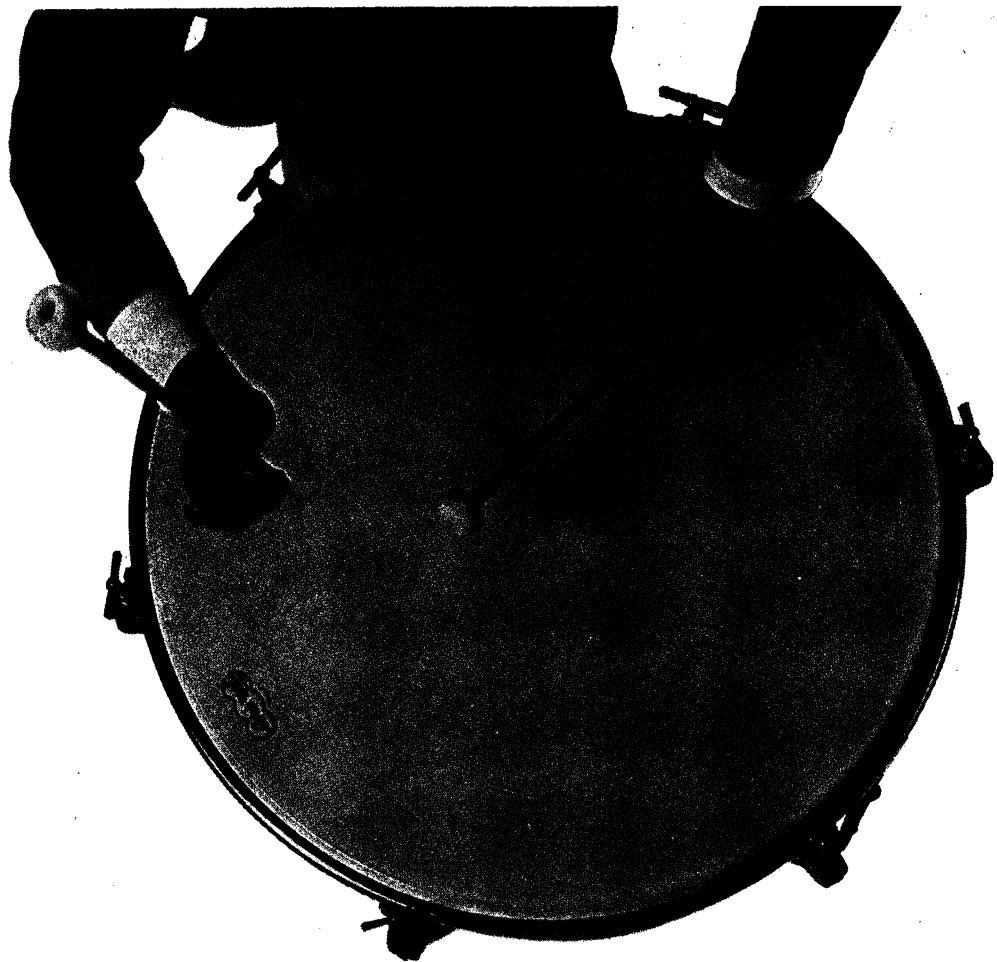
Regutol[®]

Dioctyl Sodium
Sulfosuccinate, 100 mg.
Calcium Pantothenate,
50 mg.

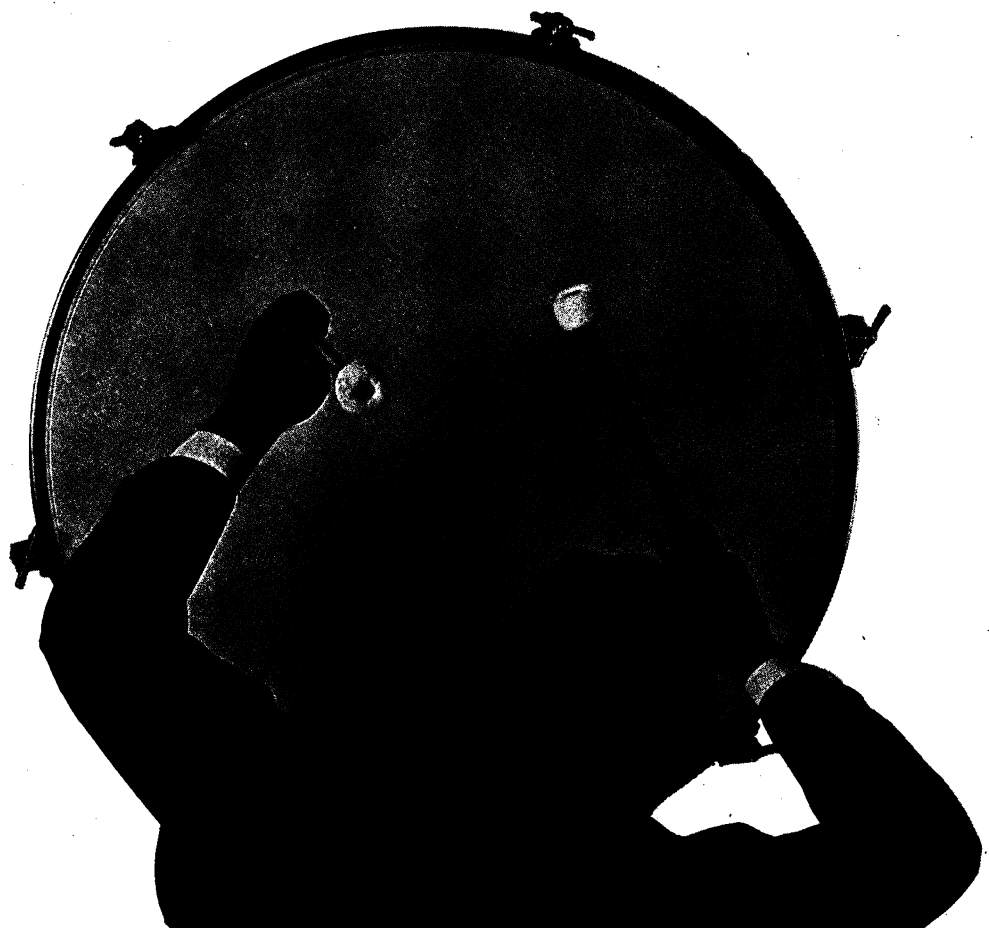
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Amid all the clamor about coexisting anxiety and depression,



may we slip in a quiet word for Aventyl® HCl
Nortriptyline Hydrochloride

Certainly, it's often a dual problem. Anxiety and depression do coexist—and often.

However, when experience, education, and good judgment lead physicians to a diagnosis of depression, many of them turn to Aventyl HCl.

when it's depression

AVENTYL® HCl
NORTRIPTYLINE HYDROCHLORIDE



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Please see next page for prescribing information.

AVENTYL® HCl

NORTRIPTYLINE HYDROCHLORIDE

when it's depression



Indications: Aventyl® HCl (nortriptyline hydrochloride, Lilly) is indicated for the relief of symptoms of depression. Endogenous depressions are more likely to be alleviated than are other depressive states.

Contraindications: The use of Aventyl HCl or other tricyclic antidepressants concurrently with a monoamine oxidase (MAO) inhibitor is contraindicated. Hyperpyretic crises, severe convulsions, and fatalities have occurred when similar tricyclic antidepressants were used in such combinations. Discontinue the MAO inhibitor for at least two weeks before treatment with Aventyl HCl. Patients hypersensitive to Aventyl HCl should not be given the drug.

Cross-sensitivity between Aventyl HCl and other dibenzazepines is a possibility.

Aventyl HCl is contraindicated during the acute recovery period after myocardial infarction.

Warnings: Cardiovascular patients should be supervised closely because of the tendency of Aventyl HCl to produce sinus tachycardia and to prolong the conduction time. Myocardial infarction, arrhythmia, and strokes have occurred. The antihypertensive action of guanethidine and similar agents may be blocked. Because of its anticholinergic activity, Aventyl HCl should be used with great caution in patients who have glaucoma or a history of urinary retention. Patients with a history of seizures should be followed closely, inasmuch as this drug is known to lower the convulsive threshold. Great care is required if Aventyl HCl is given to hyperthyroid patients or to those receiving thyroid medication, since cardiac arrhythmias may develop.

Usage in Pregnancy: Safe use of Aventyl HCl during pregnancy and lactation has not been established; therefore, the potential benefits of administration to pregnant patients, nursing mothers, or women of childbearing potential must be weighed against the possible hazards.

Usage in Children: This drug is not recommended for use in children, since safety and effectiveness in the pediatric age group have not been established.

Aventyl HCl may impair the mental and/or physical abilities required for the performance of hazardous tasks, such as operating machinery or driving a car; therefore, the patient should be warned accordingly.

Precautions: Aventyl HCl in schizophrenic patients may result in an exacerbation of the psychosis or may activate latent schizophrenic symptoms. In overactive or agitated patients, increased anxiety and agitation may occur. In manic-depressive patients, Aventyl HCl may cause symptoms of the manic phase to emerge.

Troublesome patient hostility may be aroused by the use of Aventyl HCl. Epileptiform seizures may accompany its administration, as is true of other drugs of its class.

Close supervision and careful adjustment of the dosage are required when Aventyl HCl is used with other anticholinergic drugs and sympathomimetic drugs.

The patient should be informed that the response to alcohol may be exaggerated.

When necessary, the drug may be administered with electroconvulsive therapy, although the hazards may be increased. Discontinue the drug for several days, if possible, prior to elective surgery.

Because the possibility of a suicidal attempt by a depressed patient remains after the initiation of treatment, dispense the least possible quantity of drug at any given time.

Both elevation and lowering of blood sugar levels have been reported.

Adverse Reactions: Note: Included in the following list are a few adverse reactions that have not been reported with this specific drug. However, the pharmacologic similarities among the tricyclic antidepressant drugs require that each of the reactions be considered when nortriptyline is administered.

Cardiovascular: Hypotension, hypertension, tachycardia, palpitation, myocardial infarction, arrhythmias, heart block, stroke.

Psychiatric: Confusional states (especially in the elderly) with hallucinations, disorientation, delusions; anxiety, restlessness, agitation; insomnia, panic, and nightmares; hypomania; exacerbation of psychosis.

Neurological: Numbness, tingling, paresthesias of extremities; in-co-ordination, ataxia, tremors; peripheral neuropathy; extrapyramidal symptoms; seizures, alteration in EEG patterns; tinnitus.

Anticholinergic: Dry mouth and, rarely, associated sublingual adenitis; blurred vision, disturbance of accommodation, mydriasis; constipation, paralytic ileus; urinary retention, delayed micturition, dilation of the urinary tract.

Allergic: Skin rash, petechiae, urticaria, itching, photosensitization (avoid excessive exposure to sunlight); edema (general or of face and tongue), drug fever, cross-sensitivity with other tricyclic drugs.

Hematologic: Bone-marrow depression, including agranulocytosis; eosinophilia; purpura; thrombocytopenia.

Gastro-Intestinal: Nausea and vomiting, anorexia, epigastric distress, diarrhea; peculiar taste, stomatitis, abdominal cramps, blacktongue.

Endocrine: Gynecomastia in the male; breast enlargement and galactorrhea in the female; increased or decreased libido, impotence; testicular swelling; elevation or depression of blood sugar levels.

Other: Jaundice (simulating obstructive); altered liver function; weight gain or loss; perspiration; flushing; urinary frequency, nocturia; drowsiness, dizziness, weakness, and fatigue; headache; parotid swelling; alopecia.

Withdrawal Symptoms: Though these are not indicative of addiction, abrupt cessation of treatment after prolonged therapy may produce nausea, headache, and malaise.

Administration and Dosage: Aventyl HCl is not recommended for children.

Aventyl HCl is administered orally in the form of Pulvules® or liquid. Lower than usual dosages are recommended for elderly patients, adolescents, and outpatients not under close supervision. Start dosage at a low level and increase gradually, noting carefully the clinical response and any evidence of intolerance. Following remission, maintenance medication may be required for a longer period at the lowest effective dose.

If a patient develops minor side-effects, reduce the dosage. Discontinue the drug promptly if serious adverse effects or allergic manifestations occur.

Usual Adult Dose: 25 mg. three or four times daily; dosage should begin at a low level and be increased as required. Doses above 100 mg. per day are not recommended.

Elderly and Adolescent Patients: 30 to 50 mg. per day, in divided doses.

Overdosage: Toxic overdosage may result in confusion, restlessness, agitation, vomiting, hyperpyrexia, muscle rigidity, hyperactive reflexes, tachycardia, ECG evidence of impaired conduction, shock, congestive heart failure, stupor, coma, and C.N.S. stimulation with convulsions followed by respiratory depression. Deaths have occurred following overdosage with drugs of this class.

No specific antidote is known. General supportive measures are indicated, with gastric lavage. Respiratory assistance is apparently the most effective measure when indicated. The use of C.N.S. depressants may worsen the prognosis.

Barbiturates for control of convulsions alleviate an increase in the cardiac work load but should be used with caution to avoid potentiation of respiratory depression. Intramuscular paraldehyde or, preferably, diazepam provides anticonvulsant activity with less respiratory depression than do the barbiturates.

Digitalis and/or pyridostigmine may be considered in serious cardiovascular abnormalities or cardiac failure.

The value of dialysis has not been established.

How Supplied: Liquid Aventyl® HCl (nortriptyline hydrochloride, Lilly), 10 mg. (equivalent to base) per 5 ml., in pint bottles.

Pulvules Aventyl® HCl (Nortriptyline Hydrochloride Capsules, N.F.), 10 and 25 mg. (equivalent to base), in bottles of 100 and 500.

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Additional information available to the profession on request.

Eli Lilly and Company
Indianapolis, Indiana 46206



CONTINUING MEDICAL EDUCATION ACTIVITIES IN CALIFORNIA AND HAWAII

(Formerly WHAT GOES ON)

COMMITTEE ON CONTINUING MEDICAL EDUCATION

THIS BULLETIN of information regarding continuing education programs and meetings of various medical organizations in California and Hawaii is supplied by the Committee on Continuing Medical Education of the California Medical Association. It is funded through a Health Services and Mental Health Administration grant to the California Committee on Regional Medical Programs; Grant No. 3 S02 RM-00019 01S1. In order that they may be listed here, please send communications relating to your future meetings or postgraduate courses to Committee on Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102; or phone: (415) 776-9400, ext. 241.

ADOLESCENT MEDICINE

October 16—Childhood and Adolescence. Napa State Hospital, Imola. Saturday. \$15. 8 hrs. Contact: Magno J. Ortega, M.D., Chief of Professional Education, Napa State Hospital, Box A, Imola 94558. (707) 226-2011, ext. 661.

CANCER

September 30—Current Concepts of Medical Oncology. UCLA. Thursdays weekly through December 9.

October 23.—Cancer Symposium. Kaiser Foundation Hospital, Sacramento. Saturday. Cancer—An Overview, Hematological Diseases, Pharmacology and Use of Cancer Chemotherapeutic Agents, Role of Radiation Therapy, Management of the Terminal Patient, Cancer—It's not Really Hopeless. \$5. 7 hrs. Contact: Bette Shephard, Continuing Education, Kaiser Foundation Hospital, 2025 Morse Ave., Sacramento 95825. (916) 486-5965.

November 13-14—Seventh Annual Clinical Cancer Conference. UCSF. Saturday-Sunday.

Continuously—Tumor Board—Harbor General Hospital. CRMP Area IV and Harbor General Hospital at Pathology Conference Room, Harbor General Hospital, Torrance. Fridays 2-3 p.m. Advice and consultation from specialists in surgical, medical, and radiotherapeutic treatment of cancer. Practicing physicians invited to have patients presented for discussion. Contact: Malin Dollinger, M.D., Chairman, Tumor Board, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

MEDICINE

July 24—Pathogenesis and Management of Fluid and Electrolyte Imbalance. PMC. Saturday. Second in a series of four workshops. \$50.

August 18-22—Fourteenth Annual Advanced Seminars in Internal Medicine. UCLA at UCLA Residential Con-

ference Center, Lake Arrowhead. Wednesday-Sunday. 24 hrs.

August 30-September 2—Epidermal Wound Healing. UCSF at Del Monte Lodge, Pebble Beach. Monday-Thursday. Cellular Facets of Wound Repair, Cell Kinetics, Quantitation of Repair, Dermal-Epidermal Interactions, Physical and Chemical Factors Affecting Repair. \$100.

September 8—Sixth Annual Meeting on Kidney Disease. STAN. Wednesday.

September 8-12—1971 Advanced Seminars in Dermatology. UCI at Newporter Inn. Newport Beach. Wednesday-Sunday. Microbiology of the Skin, Carcinogenesis and Cutaneous Cancer. \$100. 40 hrs. Contact: James Graham, M.D., Dept. of Medicine, UCI. (714) 633-9393, ext. 172.

KEY TO ABBREVIATIONS AND SYMBOLS

Medical Centers and CMA Contacts for Information

- CMA:** California Medical Association
Contact: Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102. (415) 776-9400, ext. 241.
- LLU:** Loma Linda University
Contact: John E. Peterson, M.D., Associate Dean for Continuing Medical Education, Loma Linda University School of Medicine, Loma Linda 92354. (714) 796-7311.
- PMC:** Pacific Medical Center
Contact: Arthur Selzer, M.D., Chairman, Education Committee, Pacific Medical Center, P.O. Box 7999, San Francisco 94120. (415) 931-8000.
- STAN:** Stanford University
Contact: John L. Wilson, M.D., Chairman on Postgraduate Education, Stanford University School of Medicine, 300 Pasteur Drive, Stanford 94305. (415) 321-1200, ext. 5594.
- UCD:** University of California, Davis
Contact: George H. Lowrey, M.D., Professor and Chairman, Department of Postgraduate Medicine, University of California, Davis, School of Medicine, Davis 95616. (916) 752-3170.
- UCI:** University of California — California College of Medicine, Irvine
Contact: Donald W. Shafer, M.D., Assistant Coordinator, Continuing Medical Education, Regional Medical Programs, University of California, Irvine — California College of Medicine, Irvine 92664. (714) 833-5991.
- UCLA:** University of California, Los Angeles
Contact: Donald Brayton, M.D., Associate Dean and Head, Continuing Education in Medicine and the Health Sciences, 15-39 Rehabilitation Center, UCLA Center for the Health Sciences, Los Angeles 90024. (213) 825-7241.
- UCSD:** University of California, San Diego
Contact: Michael Shimkin, M.D., Associate Dean for Health Manpower, 1309 Basic Sciences Building, University of California, San Diego, School of Medicine, La Jolla 92037. (714) 453-2000, ext. 2704.
- UCSF:** University of California, San Francisco
Contact: Seymour M. Farber, M.D., Dean, Educational Services and Director, Continuing Education, Health Sciences, School of Medicine, University of California, San Francisco 94122. (415) 666-1692.
- USC:** University of Southern California
Contact: Phil R. Manning, M.D., Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 225-1511, ext. 203.

- September 13-October 1—Coronary Care for Physicians Training Program.** Cedars-Sinai Medical Center at Cedars of Lebanon Hospital, Los Angeles. Three-week course designed for practicing internists or cardiologists who will subsequently be working in or directing CCU in community hospitals. Electrocardiography, physical diagnosis, CCU planning and administration, electrolytes and acid base metabolism, emphasis on practical techniques. \$250. Contact: Herbert Stein, M.D., Coronary Care for Physicians Training Programs, Dept. of Cardiology, Cedars of Lebanon Hospital, Box 54265, Los Angeles 90029. (213) 662-9111, ext. 306.
- September 16—Differential Diagnosis in Internal Medicine.** USC. One Thursday monthly through December 16.
- September 19—Fifteenth Annual Physicians Symposium on Cardiovascular Disease.** Santa Barbara and Ventura Counties Heart Associations at Biltmore Hotel, Santa Barbara. Sunday. \$20. 7 hrs. Contact: Mrs. Sara Clyde, Exec. Dir., SBCHA, 18 La Arcadia Ct., Santa Barbara 93103. (805) 963-1541.
- September 22—Eleventh Annual Medical Symposium on Kidney Disease.** Kidney Foundation of Southern California at Ambassador Hotel, Los Angeles. Wednesday. \$25. 8 hrs. Contact: Leonard Gottlieb, Exec. Dir., KFSC, 5880 San Vicente Blvd., Los Angeles 90019. (213) 936-5229.
- September 24—Multiple Sclerosis.** UCSF. Friday.
- October 8—Digitalis.** USC. Friday.
- October 8-11—California Society of Internal Medicine—Annual Meeting.** Newporter Inn, Newport Beach. Friday-Monday. Contact: Cynthia Bell, Exec. Sec., CSIM, 703 Market St., San Francisco 94103. (415) 362-1548.
- October 9-10—Western Dialysis and Transplant Society.** Hilton Hotel, San Francisco. Saturday-Sunday. Hemodialysis and renal transplantation, research. \$10. 16 hrs. Contact: John R. DePalma, M.D., Olive View Medical Center, 14445 Olive View, Sylmar 91342. (213) 367-2231, ext. 2666.
- October 14-15—Diabetes.** USC. Thursday-Friday.
- October 14-16—Forty-First Annual Physicians Symposium on Heart Disease.** San Francisco Heart Association at Hilton Inn, San Francisco Airport. Thursday-Saturday. Myocardial disease, valvular heart disease, pericardial disease, recent advances in cardiopulmonary disease, coronary disease. \$35. 18 hrs. Contact: Mrs. Frances MacKinnon, Dir., Prof. Ed., 259 Geary St., Room 300, San Francisco 94102. (415) 982-5753.
- October 16—Clinical Problems in Gastroenterology.** Woodland Clinic Medical Group and Yolo County Chapter, California Academy of General Practice at Woodland Clinic, Woodland. Saturday. \$5. 6½ hrs. Contact: Gerald F. Peppers, M.D., Woodland Clinic Medical Group, 1207 Fairchild Court, Woodland 95695. (916) 662-4641.
- October 16-17—Pediatric Neurology.** UCLA. Saturday-Sunday.
- October 20-21—Dermatology.** USC. Wednesday-Thursday.
- October 20—Cardiology in the South Pacific.** USC on tour in the South Pacific. Three weeks through November 9.
- October 21-23—Arthritis.** UCSF and Arthritis Foundation at UCSF. Thursday-Saturday.
- October 23—Workshop in Complex Arrhythmias.** PMC. Saturday.
- October 23—Pathogenesis and Management of Fluid and Electrolyte Imbalance.** PMC. Saturday. Third in a series of four workshops. (See July 24.) \$50.
- October 28—Recent Advances in Kidney Disease.** LLU. Thursday. \$25. 8 hrs.
- October 28-30—Chest Diseases in Children.** UCSF. Thursday-Saturday.
- November 1-10—Cardiology for the Consultant.** American College of Cardiology at Rancho Santa Fe Inn, Rancho Santa Fe. One and one-half weeks. Contact: Miss Mary Anne McInerney, Dir., Dept. of Continuing Ed. Programs, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.
- November 1-19—Coronary Care for Physicians Training Program.** See Medicine, September 13-October 1.
- November 3-4—Vector Cardiography.** USC. Wednesday-Thursday.
- November 3-7—Nineteenth Annual Meeting on Reproductive Physiology.** Pacific Coast Fertility Society at El Mirador Hotel, Palm Springs. Wednesday-Sunday. \$25. 22 hrs. Contact: Dee Davis, Exec. Sec., PCFS, 5410 Wilshire Blvd., Los Angeles 90036. (213) 931-1621.
- November 4-6—Tuberculosis in Children.** UCSF at Fairmont Hotel, San Francisco. Thursday-Saturday.
- November 9-16—American Heart Association.** Disneyland Hotel, Anaheim. One week. Contact: James M. Hundley, M.D., Exec. Dir., AHA, 44 E 23rd St., New York 10010. (212) 477-9170.
- November 10-12—Respiratory Failure Workshop.** USC. Wednesday-Friday.
- November 17—Advances in Diabetes.** LLU. Wednesday.
- November 18-19—New Concepts in Medicine.** California Hospital Medical Center, Los Angeles. Thursday-Friday. 13 hrs. Contact: Kenneth L. Senter, M.D., Dir., Medical Education, California Hospital Medical Center, 1414 S. Hope St., Los Angeles 90015. (213) 748-2411.
- November 19-21—Coronary Artery Disease and Cardiac Arrhythmias.** American College of Cardiology and University of Hawaii School of Medicine at Surf Rider Hotel, Honolulu. Friday-Sunday. Contact: Miss Mary Anne McInerney, Dir., Dept. of Continuing Ed. Programs, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.
- Continuously—Seminar in Clinical and Public Health Aspects of Chest Diseases.** Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance.

Three hour sessions on fourth Friday of each month, 9-12 a.m., B-3 classroom, Chest Wards. Presentation of patients demonstrating medical, social, and public health aspects of chest disease, followed by discussion of cases by instructors and guest lecturers. Course open to physicians, nurses, social workers and personnel concerned with detection and management of patients with chest disease. No fee. Contact: Malin Dollinger, M.D., Program Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

Continuously—Training of Physicians in Modern Concepts of Pulmonary Care. CRMP Area VI, LLU and Riverside General Hospital. Four weeks or more, scheduled by arrangement. Diagnostic and therapeutic methods in medical chest disease, physiological methodology of modern pulmonary care programs, use of new instrumentation in the field. 160 hrs. Contact: George C. Burton, M.D., LLU.

Continuously—Coronary Care. St. Francis Hospital of Lynwood, Lynwood. Second Thursday of each month, 7:30-8:30 p.m. Contact: Ralph Miller, Director of Education, St. Francis Hospital of Lynwood, 3620 Imperial Highway, Lynwood 90262. (213) 639-5111.

Continuously—Neurological Sciences. St. Francis Hospital of Lynwood, Lynwood. Fridays, 7:30-8:30 a.m. Presentations of radiological evaluations and pathological specimens or current material and review of current topics in specialty. Weekly notification of cases to be available. Contact: Ralph Miller, Director of Education, St. Francis Hospital of Lynwood, 3620 Imperial Highway, Lynwood 90262. (213) 639-5111.

Continuously—Continuing Education in Internal Medicine—Harbor General Hospital. CRMP Area IV and Harbor General Hospital at Harbor General Hospital, Torrance. Thursdays 12-1 p.m. Systematic review of internal medicine, lectures by faculty and visiting professors. Contact: Malin Dollinger, M.D., Program Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

Continuously—Training for Physicians in Nephrology. CRMP Area VI and LLU at LLU. Courses of four weeks or more available, to be scheduled by arrangement. Bedside conferences, clinical care and management. Hemodialysis, peritoneal dialysis, renal biopsy and kidney transplantation. 160 hrs. Contact: Stewart W. Shankel, M.D., LLU.

Continuously—Training for Physicians in General Internal Medicine. CRMP Area VI and LLU at LLU. Four weeks or more, scheduled by arrangement. Bedside and classroom training, practical aspects of clinical care and management. 160 hrs. Contact: LLU.

Continuously—Basic Home Course in Electrocardiography. One year postgraduate series, ECG interpretation by mail. Physicians may register at any time. \$100 (52 issues). Contact: USC.

Continuously—Training in the Procedure of Tonometry. Northern California Society for the Prevention of Blindness at the Glaucoma Screening Clinic, San Francisco. Weekly Saturday morning program in tonometry for internists and general practitioners. Advance appointment required, no charge. 3 hrs. Contact: Frederic S. Weisenheimer, Ed.D., Exec. Dir.,

NCSBP, 4200 California St., San Francisco 94118. (415) 387-0934.

Continuously—Medico-Surgical Cardiovascular Seminar. STAN at Fresno Community Hospital and Valley Medical Center, Fresno. Third Thursday of each month, lectures, demonstrations, seminar discussion, and rounds. Designed specifically for a selected group of physicians from the Fresno area. Other physicians invited to participate. Contact: William Angell, M.D., Division of Cardiovascular Surgery, Dept. of Surgery, Palo Alto VA Hospital, 3901 Miranda Ave., Palo Alto 94306. (415) 326-5600.

Continuously—Cardiology Conferences—CRMP Area III. Second Wednesday monthly, 2:30-5:30 p.m. at Room M112, Stanford Medical Center, Stanford. Conferences including case presentations of local complicated cardiologic problems. Contact: William J. Fowkes, Jr., M.D., 703 Welch Road, Suite G1, Palo Alto 94304. (415) 321-1200, ext. 6015.

Grand Rounds—Medicine

Tuesdays

8:30-10:00 a.m., Assembly Hall, Harbor General Hospital, Torrance. UCLA.

Neurologist in Chief Rounds. 12:30 p.m., 6 East, University Hospital of San Diego County, San Diego. UCSD.

Wednesdays

8:00 a.m., A Level Amphitheater, LLU Hospital, LLU.

Neurology. 8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

10:30-12:00 noon. Auditorium, Medical Sciences Building. UCSF.

11:00 a.m., Room 1645, Los Angeles County-USC Medical Center. USC.

12:30 p.m., Auditorium, School of Nursing, Orange County Medical Center. UCI.

12:30-1:30 p.m., University Hospital, UCSD.

12:30-1:30 p.m., Building 22, VA Hospital, Sepulveda.

Thursdays

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

10:30-12:00 noon, Room 33-105, UCLA Medical Center. UCLA.

Neurology. 12:30 p.m., University Hospital of San Diego County, San Diego. UCSD.

Fridays

8:00 a.m., Courtroom, Third Floor, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Auditorium, Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles. CRMP Area IV.

Neurology. 10:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

1st and 3rd Fridays, 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

1:15 p.m., Lieb Amphitheater, Timken-Sturgis Re-

search Bldg., La Jolla. Scripps Clinic and Research Foundation.

Rheumatology. 11:45 a.m., Room 6441, Los Angeles County-USC Medical Center, Los Angeles. USC.

MENTAL RETARDATION

August 2-11—Community Services for the Mentally Retarded. Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. One and one-half weeks. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94104. (415) 848-8281.

September 27—Professional Approaches to Mental Health Services for the Retarded. Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Mondays through December 13, 1-6 p.m. 55 hrs. Contact: Portia Bell Hume, M.D., Dir., CTC PMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

October 2-3—Mental Retardation and Autistic Children. UCSF at Napa State Hospital, Imola. Saturday-Sunday.

October 9-22—Mental Retardation. UCLA. Two weeks.

OBSTETRICS AND GYNECOLOGY

August 15-18—Fourth Annual Advanced Seminar in Obstetrics and Gynecology. UCLA at UCLA Residential Conference Center, Lake Arrowhead. Sunday-Wednesday. 24 hrs.

September 15-17—Fetal Monitoring. USC. Wednesday-Friday.

September 16-18—Gynecologic Medicine and Endocrinology. UCSF at Hilton Hotel, San Francisco. Thursday-Saturday. CNS Control of Reproductive Function, Pharmacology of the Estrogens and Progestins, Control of Populations, Endocrinology of Puberty, Oral Contraception and the Vascular System, Pre- and Postabortal Counseling, Chronic and Recurring Vaginal Infections, Evaluation of Urinary Incontinence, Vulvar Dysmorphies, Dysplasias of the Vagina and Cervix, Celioscopy, Diagnostic Uses of Ultrasound, Pelvic Pain, Ovarian Function in Gynecologic Endocrinopathies, Clinical Use of Gonatropin Assays, Common Secondary Amenorrheas, Endocrine Pathology of the Endometrium, Clinical Management of the Post-Menopausal Woman, Viral Infections of the lower Genital Tract. 15½ hrs.

October 28-30—Obstetrics Review. USC. Thursday-Saturday.

November 3-7—Nineteenth Annual Meeting on Reproductive Physiology. See Medicine, November 3-7.

Grand Rounds—Obstetrics and Gynecology

Mondays

10-11:30 a.m., Assembly Room, First Floor, Harbor General Hospital, Torrance. UCLA.

10:30 a.m., Auditorium, Womens Hospital, Los Angeles County-USC Medical Center, Los Angeles. USC.

11:30 a.m., First Floor Auditorium, Room 13-105, UCLA Medical Center. UCLA.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU

Wednesdays

8:00 a.m., Conference Room, Sacramento Medical Center, Sacramento. UCD.

Fridays

8:00 a.m., Auditorium, Orange County Medical Center. UCI.

Saturdays

8:00 a.m., Executive Dining Room, University Hospital of San Diego County, San Diego. UCSD.

PEDIATRICS

July 26-30—Community Health Planning for Services to Children. See Psychiatry, July 26-30.

August 7-8—Armchair Allergy. PMC. Saturday-Sunday. \$55.

September 18—Childrens Hospital Program. UCSF at Childrens Hospital and Adult Medical Center, San Francisco. Saturday.

October 2-3—Mental Retardation and Autistic Children. See Mental Retardation, October 2-3.

October 6-7—Twenty-Eighth Annual Brenneman Memorial Lectures. Los Angeles Pediatric Society at Sportsmen's Lodge, North Hollywood. Wednesday-Thursday. Viral vaccines, viruses and disease, antibiotics, respiratory viral disease, non-bacterial infections of the central nervous system, clinically distinguishable syndromes due to viruses, the abuse of sodium bicarbonate therapy in neonatal acidosis, etiology of hyperbilirubinemia and its management in the neonatal period, differential diagnosis of biliary atresia and neonatal hepatitis, toxicity of phototherapy in neonatal hyperbilirubinemia. Contact: Mrs. Eve Black, Exec. Sec., LAPS, P.O. Box 2022, Inglewood 90305. (213) 753-3704.

October 8-9—Childhood Trauma. Childrens Hospital Medical Center of Oakland at Highlands Inn, Carmel. Friday-Saturday. Contact: Inetta Carty, Childrens Hospital Medical Center, 51st and Grove Sts., Oakland 94609. (415) 654-5600.

October 9-10—Health of the School Child. UCSF. Saturday-Sunday.

October 16—Childhood and Adolescence. See Adolescent Medicine, October 16.

October 16-17—Pediatric Neurology. See Medicine, October 16-17.

October 28-30—Chest Diseases in Children. See Medicine, October 28-30.

November 4-6—Tuberculosis in Children. See Medicine, November 4-6.

November 8-12—Pediatric Allergy—Workshop Course. UCSF. Monday-Friday. \$125. 32½ hrs.

November 16-18—Newborn Infant Care. USC. Tuesday-Thursday.

Continuously—Pediatric Conference. Cedars-Sinai Medical Center, Los Angeles. Thursdays weekly, 8:30-9:30 a.m. 1 hr. Contact: B. M. Kagan, M.D., Cedars-Sinai Medical Center, 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 181.

Grand Rounds—Pediatrics

Tuesdays

8:00 a.m., Childrens Hospital Medical Center, Oakland.

8:30 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

8:30 a.m., Room 4-A, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Pathology Auditorium, San Francisco General Hospital.

8:30 a.m., University Hospital of San Diego County, San Diego. UCSD.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Wednesdays

8-9:00 a.m., held alternately at Auditorium, Orange County Medical Center and Auditorium, Childrens Hospital of Orange County. UCI.

8:30 a.m., Bothin Auditorium, Childrens Hospital, San Francisco.

Thursdays

8:30-10:00 a.m., Room 664, Science Building, UCSF.

8:30-9:30 a.m., Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles.

8:30 a.m., First Floor Auditorium, Harbor General Hospital, Torrance.

Fridays

8:00 a.m., Lecture Room, A Floor, Health Sciences Center, UCLA. CRMP Area IV.

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8-9:00 a.m., Lecture Hall, Childrens Hospital of Los Angeles.

8:30 a.m., Room M104, Stanford University Medical Center, STAN.

Infectious Disease. 10:00 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

PSYCHIATRY

July 19-23—Legislative Issues in Community Mental Health. Center for Training in Community Psychiatry, Los Angeles. Monday-Friday. 35 hrs. Contact: A. R. Beisser, M.D., Dir., Center for Training in Community

Psychiatry, 11665 W. Olympic Blvd., Los Angeles 90064. (213) 478-1535.

July 19-30—Community Psychiatry and the Law. Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Two weeks. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

July 23-25—Workshops in Clinical Hypnosis and Hypnotherapy. American Society of Clinical Hypnosis at St. Francis Hotel, San Francisco. Friday-Sunday. \$125. 22 hrs. Contact: F. D. Nowlin, Exec. Sec., ASCH, 800 Washington Ave., Minneapolis 55414. (612) 331-9452.

July 26-30—Community Mental Health Planning for Services for Children. Center for Training in Community Psychiatry, Los Angeles. Monday-Friday. 35 hrs. Contact: A. R. Beisser, M.D., Dir., Center for Training in Community Psychiatry, 11665 W. Olympic Blvd., Los Angeles 90064. (213) 478-1535.

August 2-13—Community Resources in Clinical Psychiatry. Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Two weeks. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

August 5-12—Somatic Therapy. Agnews State Hospital and Santa Clara County Mental Health Services at Agnews State Hospital, San Jose. One week. Contact: J. Elizabeth Jeffress, M.D., Chief, Prof. Ed., Agnews State Hospital, San Jose 95114. (408) 262-1200.

August 16-27—Introduction to Mental Health Program Evaluation. Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Two weeks. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

August 20-22—International Transactional Analysis Summer Conference. International Transactional Analysis Association at Claremont Hotel, Berkeley. Friday-Sunday. Preceded by introductory course (8 hrs.) in transactional analysis. \$50. Contact: Exec. Sec., ITAA, 3155 College Ave., Berkeley 94705. (415) 653-1420.

September 28—Development of Research Instruments for Program Evaluation. Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Tuesdays through December 14, 1-6 p.m. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

September 29—Mental Health Functions of Community Resources. Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Wednesdays through December 15, 1-6 p.m. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

September 30—Community Organization for Mental Health. Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Thursdays through December 16, 1-6 p.m. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

October 1—**Crisis Intervention, Case-Finding and Habilitation of Handicapped Children and Youth.** Center for Training in Community Psychiatry and Mental Health Administration, Berkeley. Fridays through December 17, 1-6 p.m. Contact: Portia Bell Hume, M.D., Dir., CTCPMHA, 2045 Dwight Way, Berkeley 94704. (415) 848-8281.

October 7-9—**The Chemistry of Motivation, Mood and Memory.** UCSF. Thursday-Saturday.

October 18-22—**Group Therapy.** UCSF at VA Hospital, San Francisco. Monday-Friday.

Continuously—**Eric Berne Seminar of San Francisco.** International Transactional Analysis Association at 2709 Jackson St., San Francisco. Tuesday evenings. 8:30 p.m. Contact: Dr. John Dusay, President, 2709 Jackson St., San Francisco 94115. (415) 346-4082.

Grand Rounds—Psychiatry

Wednesdays

10:30 a.m., Sacramento Medical Center, Sacramento. UCD.

RADIOLOGY—PATHOLOGY

August 3-24—**Neuroradiology.** Agnews State Hospital and Santa Clara County Mental Health Services at Agnews State Hospital, San Jose. Tuesdays weekly. 8 hrs. Contact: J. Elizabeth Jeffress, M.D., Chief, Prof. Ed., Agnews State Hospital, San Jose 95114. (408) 262-2100.

October 9—**Scintillation Camera Workshop.** UCSF Saturday.

October 14-16—**Liquid Scintillation.** See Of Interest to All Physicians, October 14-16.

Continuously—**UCSF Radiology Rounds, Seminars, and Conferences.** Weekly meetings October-May. Department of Radiology, UCSF. Open to all physicians without charge. Radiology Chest Conferences, Angiocardiology Rounds, Diagnostic Radiology Seminars, Neuroradiology Seminars, Radiation Therapy Seminars. For schedule information contact: UCSF.

Continuously—**Principles and Clinical Uses of Radioisotopes.** UCSF. Fundamentals for the proper understanding and use of radioactivity in clinical medicine. Training in diagnostic and therapeutic uses of radioisotopes. Normal period of training: 3 months. Two part course: Part A, Basic Fundamentals; Part B, Clinical Applications.

Grand Rounds—Radiology-Pathology

Mondays

Pathology. 12:30 p.m., Sacramento Medical Center, Sacramento. UCD.

Fridays

Neuroradiology. 9:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto, STAN.

SURGERY—ANESTHESIOLOGY

July 22-30—**Pacific Coast Oto-Ophthalmological Society.** Royal Hawaiian Hotel, Honolulu. One week. Contact: Francis A. Sooy, M.D., Dept. of Otolaryngology, UCSF.

July 26-28—**The Shoulder in Sports.** American Academy of Orthopaedic Surgeons at Hilton Hotel, San Francisco. Monday-Wednesday. \$150. 24 hrs. Contact: Fred Behling, M.D., 300 Homer Ave., Palo Alto 94301. (415) 321-4121.

August 6-8—**Management of Anesthetic Problems in Medical, Obstetrical and Surgical Specialties.** UCLA at Neuropsychiatric Institute, UCLA. Friday-Sunday. 9½ hrs.

August 11-15—**Advanced Seminars in Urology.** UCLA at UCLA Residential Conference Center, Lake Arrowhead. Wednesday-Sunday.

August 26-28—**Western Section, Association for Research in Vision and Ophthalmology.** Western Section, Association for Research in Vision and Ophthalmology at UCSF. Thursday-Saturday. Contact: Robert A. Nozik, M.D., Local Chairman, ARVO, Department of Ophthalmology, UCSF. (415) 666-9000.

September 14—**Postgraduate Refresher Course on Orthopaedic Surgical Anatomy (Lower Extremity).** Southern California Division, International College of Surgeons at Orthopaedic Hospital, Los Angeles. Tuesday evenings through November 16, 7-9 p.m. Prosections by surgical anatomist, cadaveric surgery, clinical discussions. Enrollment limited to 20. \$120. 20 hrs. Contact: Darline Murphy, Exec. Sec., SCDICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.

September 16—**Postgraduate Refresher Course—General Surgical Anatomy.** Southern California Division, International College of Surgeons at Orthopaedic Hospital, Los Angeles. Thursday evenings through November 4, 7-9 p.m. Prosections and cadaveric surgery by surgical anatomist, clinical discussions. Enrollment limited to 20. \$100. 16 hrs. Contact: Darline Murphy, Exec. Sec., SCDICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.

September 16—**Postgraduate Refresher Course—Surgical Anatomy of the Head and Neck.** Southern California Division, International College of Surgeons at Orthopaedic Hospital, Los Angeles. Thursday evenings through November 4, 7-9 p.m. Prosections and cadaveric surgery by surgical anatomist, clinical discussions. Enrollment limited to 20. \$100. 16 hrs. Contact: Darline Murphy, Exec. Sec., SCDICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.

September 19-21—**Foot, Ankle and Leg Problems.** American Academy of Orthopaedic Surgeons and UCSF at Jack Tar Hotel, San Francisco. Sunday-Tuesday. Biomechanics of the Foot and Ankle, Rotational Deformities of the Lower Limbs, Congenital Anomalies of the Foot, Static Foot Deformity in Children, Indications and timing of Foot Surgery. \$150. Contact: Robert L.

Samilson, M.D., 3850 California St., San Francisco 94118. (415) 922-1313.

September 24-25—**Vascular Surgery.** UCSF. Friday-Saturday.

October 10-14—**Western Orthopaedic Association.** Century Plaza Hotel, Los Angeles. Contact: Vi Mathieson, Exec. Sec., WOA, 354 21st St., Oakland 95612. (415) 893-1257.

October 15—**RX and DX of Knee Derangements.** UCSF at Mt. Zion Hospital and Medical Center, San Francisco. Friday.

October 28-30—**Strabismus.** PMC. Thursday-Saturday.

November 6—**Painful Feet and Injured Ankles.** PMC. Saturday.

November 10—**Program on Vascular Surgery.** LLU. Wednesday.

Grand Rounds—Surgery

Tuesdays

Orthopedic Surgery. 9:00 a.m., Sacramento Medical Center, Sacramento. UCD.

Urology. 7:30 a.m., Sacramento Medical Center, Sacramento. UCD.

Wednesdays

7:15 a.m., Auditorium, Kern County General Hospital, Bakersfield. CRMP Area IV.

1st and 3rd Wednesdays. 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

3:00 p.m., Sacramento Medical Center, Sacramento. UCD.

Thursdays

Neurology and Neurosurgery. 11:00-12:15, Room 663, Science Building, UCSF.

Fridays

1-2:00 p.m., Auditorium, Orange County Medical Center, Orange. UCI.

Neurosurgery. 11:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto, STAN.

Saturdays

8:00 a.m., Auditorium, 1st floor, University Hospital of San Diego County, San Diego. UCSD.

Urology. 8:00 a.m., 3rd floor conference room, University Hospital of San Diego County, San Diego. USCD.

8:30 a.m., Assembly Room, Harbor General Hospital, Torrance. CRMP Area IV.

9:00 a.m., Room 73-105, Health Sciences Center, UCLA. CRMP Area IV.

OF INTEREST TO ALL PHYSICIANS

July 19-23—**Hospital Information Systems: Techniques and Applications.** USC School of Engineering, Department of Electrical Engineering, University College and USC School of Medicine at Olin Hall of Engineering, USC. Monday-Friday. \$300. Contact: USC.

August 14-25—**Fourteenth Annual Postgraduate Refresher Course.** USC at Sheraton-Waikiki, Tripler General Hospital, and Kauai Surf Hotel, Honolulu and Kauai. Two weeks.

August 23-26—**American Hospital Association.** Civic Auditorium, San Francisco. Monday-Thursday. Contact: Edwin L. Crosby, M.D., Exec. Vice-Pres., AHA, 840 N. Lakeshore Dr., Chicago 60611. (312) 645-9400.

September 16—**Bedside Clinics.** USC. Thursday evenings through December 9.

September 17-18—**California Society of Physical Medicine and Rehabilitation.** Biltmore Hotel, Santa Barbara. Friday-Saturday. Rheumatoid Arthritis—Current Concepts in Management. \$25. Contact: Harris Meisel, M.D., Memorial Rehabilitation Foundation, Santa Barbara County General Hospital Pavilion, P.O. Box 3650, Santa Barbara 93105. (805) 967-2311.

September 21—**Emergency Care.** USC. Tuesday evenings through December 7.

September 22—**Cedars-Sinai Alumni Association Symposium.** Century Plaza Hotel, Los Angeles. Wednesday. Contact: Mrs. Barbara Markell, Cedars-Sinai Alumni Sec., Cedars-Sinai Alumni Assoc., 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111.

September 22-26—**Pan American Medical Women's Alliance XIII Congress.** Pan American Medical Women's Alliance at Sir Francis Drake Hotel, San Francisco. Wednesday-Sunday. Medical Challenges of the Mid-70's. Contact: Marjory Folinsbee, M.D., 33 Park Hill, San Francisco 94117. (415) 431-8285.

September 28-29—**Computer Program.** USC. Tuesday-Wednesday.

October 1-2—**Western Industrial Medical Association.** Jack Tar Hotel, San Francisco. Friday-Saturday. Contact: Mr. B. H. Bravinder, Exec. Sec., WIMA, 2180 Milvia St., Berkeley 94704. (415) 845-3355.

October 3—**Symposium for Medical Assistants.** UCSF. Sunday.

October 4—**Sex: Past, Present, and Future.** UCSF. Monday through November 8.

October 5—**Evening Lectures in Medicine.** UCSF at Oakland Hospital, Oakland. Tuesday evenings through December 7, except November 9.

October 14-16—**Liquid Scintillation.** UCSF. Thursday-Saturday.

October 16—**Chronic Crippling Disease.** UCSF at Chil-

drens Hospital and Adult Medical Center, San Francisco. Saturday.

October 30—Symposium on Problems Affecting Professional Liability. Palo Alto Medical Research Foundation and Palo Alto Medical Clinic at Rickey's Hyatt House, Palo Alto. Saturday. Contact: Kenneth Campbell, M.D., Palo Alto Medical Clinic, 300 Homer Ave., Palo Alto 94305. (415) 321-4121.

October 30-31—Program at Fresno Community Hospital. UCSF at Fresno Community Hospital, Fresno. Saturday-Sunday.

November 1-5—Intensive Care. STAN. Monday-Friday.

November 6-7—A Program at Stockton State Hospital. UCSF at Stockton State Hospital, Stockton. Saturday-Sunday.

November 13—Facial Pain. PMC. Saturday.

Continuously—Medical Knowledge Self-Assessment Test Review. PMC. June through October. Review of American College of Physician's last Medical Knowledge Self-Assessment Test. 720 questions to be reviewed. July 10—Endocrinology and Metabolic Disease, September 11—Neurology, September 18—Rheumatology, September 25—Allergy and Infectious Disease, October 9—Hematology, October 16—Renal Disease and Electrolytes.

Continuously—Paradise Valley Hospital—Community Continuing Education Program. UCSD, LLU and Paradise Valley Hospital General Practice Section at Paradise Valley Hospital, National City. Tuesday evenings, September-November. September 14—Investigation and Management of Patient with Anemia, September 28—Diabetes Management, October 12—Diagnosis and Management of Urinary Infections, October 19—Interpretation of Ventilatory Function Tests, October 26—Disorders of Bleeding and Clotting, November 9—Diagnosis and Management of Skin Problems. \$40. 12 hrs. Contact: UCSD.

Continuously—What's New Series. Agnews State Hospital and Santa Clara County Mental Health Services at Agnews State Hospital, San Jose. Third Wednesday monthly. Contact: J. Elizabeth Jeffress, M.D., Chief, Prof. Ed., Agnews State Hospital, San Jose 95114. (408) 262-1200.

Continuously—Basic Science Correlation in Disease. VA Hospital, Sepulveda. Wednesday evenings, September 16-June 23. Contact: Michael Geokas, M.D., Ph.D., Chief, Medical Service, VA Hospital, Sepulveda 91343. (213) 894-8271.

Continuously—Educational Tape Service for Orthopaedists, Rheumatologists. Orthopaedic Audio-Synopsis Foundation. Monthly recorded teaching program on C-60 cassette tapes available to orthopaedic surgeons, rheumatologists and resident physicians. Twelve monthly tapes, annual subscription rate of \$72 (\$50 for residents). Contact J. Tonn, Managing Editor, Orthopaedic Audio-Synopsis Foundation, 6317 Wilshire Blvd., Los Angeles 90048. (213) 986-0131.

Continuously—Basic Science Lecture Series. UCSD. Mondays, 4:00 p.m., third floor conference room, University Hospital of San Diego County, San Diego. Contact: UCSD.

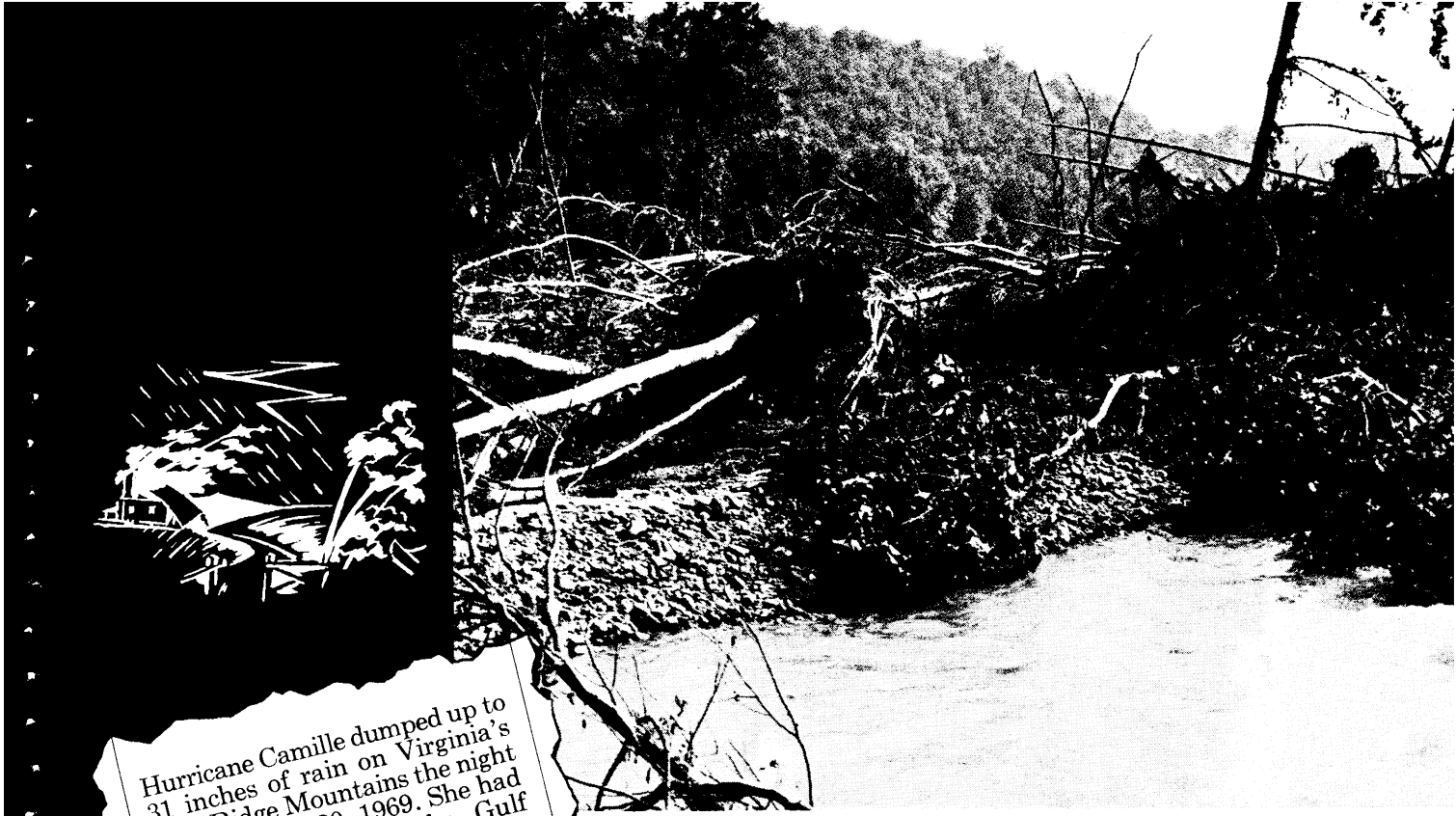
Continuously—Audio-Digest Foundation. A non-profit subsidiary of CMA. Twice-a-month tape recorded summaries of leading national meetings and surveys of current literature. Services by subscription in: General Practice, Surgery, Internal Medicine, Ob/Gyn, Pediatrics, Anesthesiology, Ophthalmology, Otorhinolaryngology. Catalog of lectures and panel discussions in all areas of medical practice also available. Contact: Mr. Claron L. Oakley, Editor, 619 S. Westlake Ave., Los Angeles 90057.

Continuously—Medical Media Network (formerly Medical Television Network) has discontinued Southern California "scrambled" broadcasting in favor of a film and videotape distribution system. Subscriptions for all California hospitals, rental or purchase. Provides physicians throughout the State with current educational programs in local hospitals. Programs in: Diagnosis of Down's Syndrome, Hemodynamic Monitoring—Intra-Arterial Catheters, Coma, Alcoholism, Malpractice, Emphysema, Food Allergies, The Overweight Patient, Headache. Consult the nearest MMN Hospital regarding time and date for viewing. Programs and study guides developed cooperatively by all California medical schools. Contact: Richard R. Getz, Exec. Dir., MMN, 10962 Le Conte Ave., Los Angeles 90024. (213) 825-2071.

Continuously—Postgraduate Education Program—Harbor General Hospital. Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Practicing physicians invited to participate one-half day weekly over a two-month period in a selected medical or surgical sub-specialty clinic. Patient care, teaching exercises, discussion. Medical clinics currently available: Allergy, Arthritis, Cardiology, Dermatology, Endocrinology, Diabetes, Gastroenterology, Hematology, Neurology, Medical Oncology, Chest, and Renal Hypertension. Surgical sub-specialties also available. Current schedule: June-July, August-September. \$50. 27 hrs. Contact: Malin Dollinger, M.D., Program Director, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

Continuously—Stanford Speaker's Bureau for Environmental Topics. Stanford University Committee for Environmental Information. Provides on request speakers and programs on environmental topics. Air pollution, water pollution and water conservation issues, radiation hazards and radiation technology, environmental radiation standards and nuclear power plants, overpopulation, abortion and contraception, technological problems of power generation in the United States, pesticides and their ecological problems, medicine's responsibilities in the environmental-ecology crisis and supersonic transport. Contact: John W. Farquhar, M.D., Assoc. Prof. of Medicine, STAN.

Continuously—Stanford-Mills Memorial Hospital Continuing Education Program. STAN at Mills Memorial Hospital, San Mateo. Tuesday-Friday weekly. Basic Science for the Clinician, Grand Rounds, Intensive Care. Contact: STAN.



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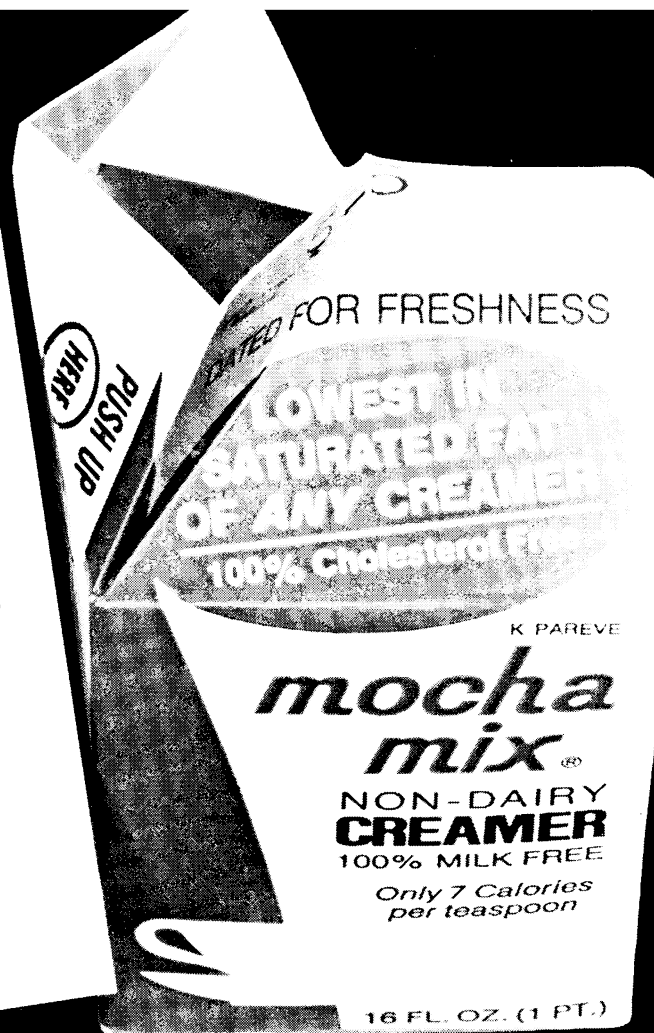
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Calories per Fluid Ounce	43
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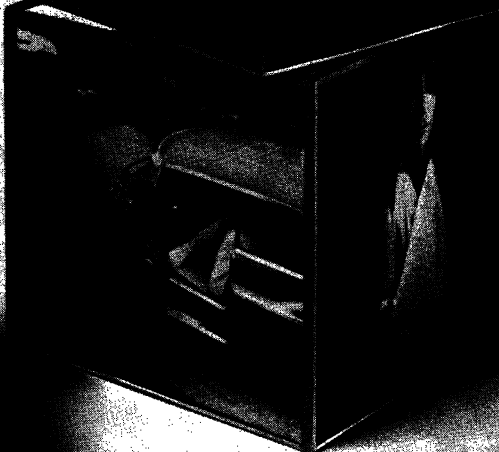


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or is contraindicated*

MUDRANE GG

*During pregnancy or when K.I. is
contraindicated or not tolerated*

MUDRANE GG-2

A counterpart for Mudrane-2

MUDRANE GG ELIXIR

*For pediatric use
or where liquids are preferred*

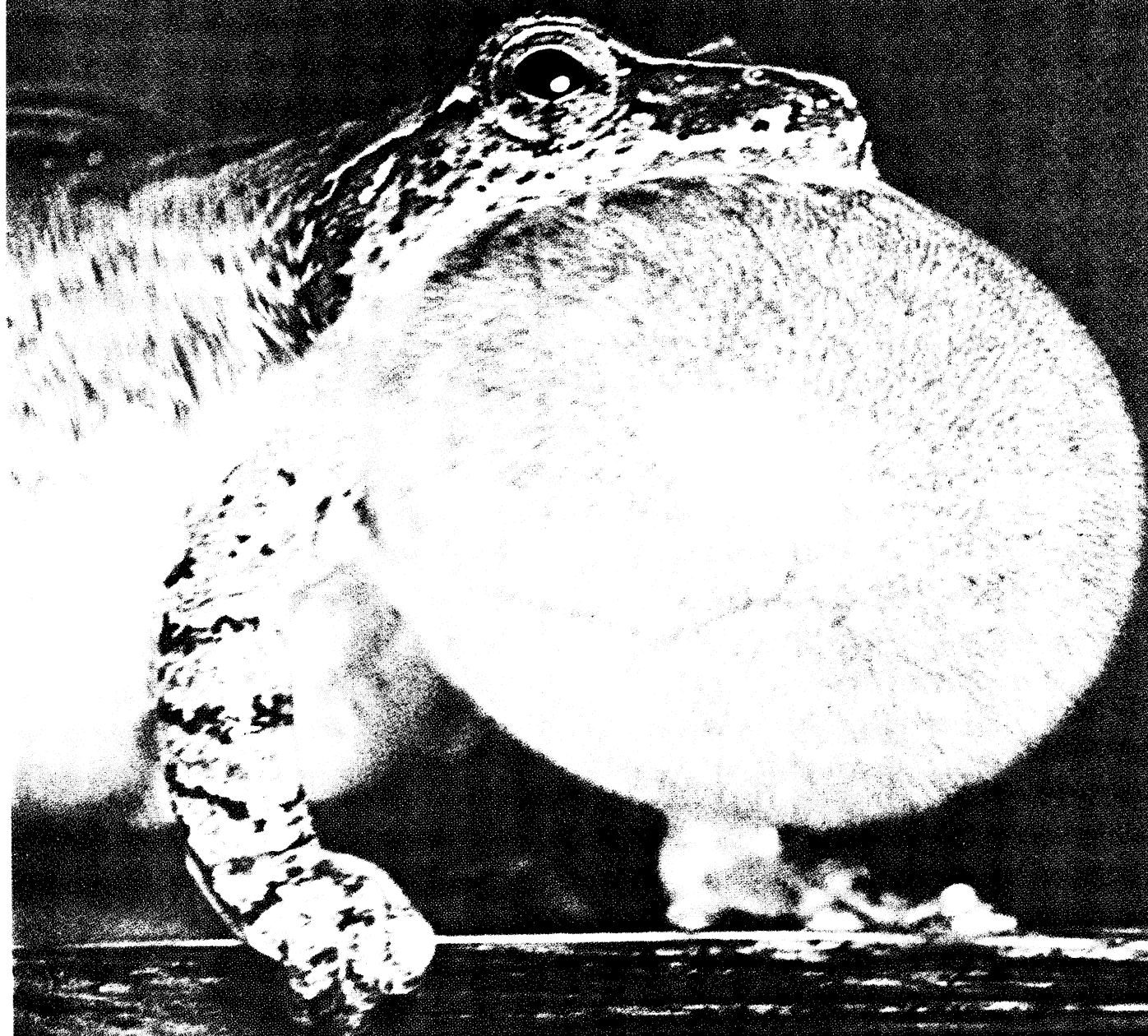
*Clinical specimens
available to physicians.*

WILLIAM P. POYTHRESS & COMPANY, INC., RICHMOND, VIRGINIA 23217

Manufacturers of Ethical Pharmaceuticals



When irritable colon feels like this



...in the presence of spasm or hypermotility,
gas distension and discomfort, **KINESED®**
provides more complete relief:

- ☐ belladonna alkaloids—for the hyperactive bowel
- ☐ simethicone—for accompanying distension and pain due to gas
- ☐ phenobarbital—for associated anxiety and tension

Composition: Each chewable, fruit-flavored, scored tablet contains: 16 mg. phenobarbital (warning: may be habit-forming); 0.1 mg. hyoscyamine sulfate; 0.02 mg. atropine sulfate; 0.007 mg. scopolamine hydrobromide; 40 mg. simethicone.

Contraindications: Hypersensitivity to barbiturates or belladonna alkaloids, glaucoma, advanced renal or hepatic disease.

Precautions: Administer with caution to patients with incipient glaucoma, bladder neck obstruction or uri-

nary bladder atony. Prolonged use of barbiturates may be habit-forming.

Side effects: Blurred vision, dry mouth, dysuria, and other atropine-like side effects may occur at high doses, but are only rarely noted at recommended dosages.

Dosage: Adults: One or two tablets three or four times daily. Dosage can be adjusted depending on diagnosis and severity of symptoms. Children 2 to 12 years: One half or one tablet three or four times daily. Tablets may be chewed or swallowed with liquids.



STUART PHARMACEUTICALS | Pasadena, California 91109 | Division of ATLAS CHEMICAL INDUSTRIES, INC.

(from the Greek *kinetikos*,
to move,
and the Latin *sedatus*,
to calm)

KINESED®
antispasmodic/sedative/antiflatulent

Spring peeper (tree frog, *Hyla crucifer*):
this small amphibian can expand
its throat membrane with air until it is
twice the size of its head.

Mylanta[®] 24 million hours a day.

Through the day, every day,
ulcer patients take
one million doses of Mylanta
for relief of ulcer pain.

Mylanta

LIQUID ANTACID

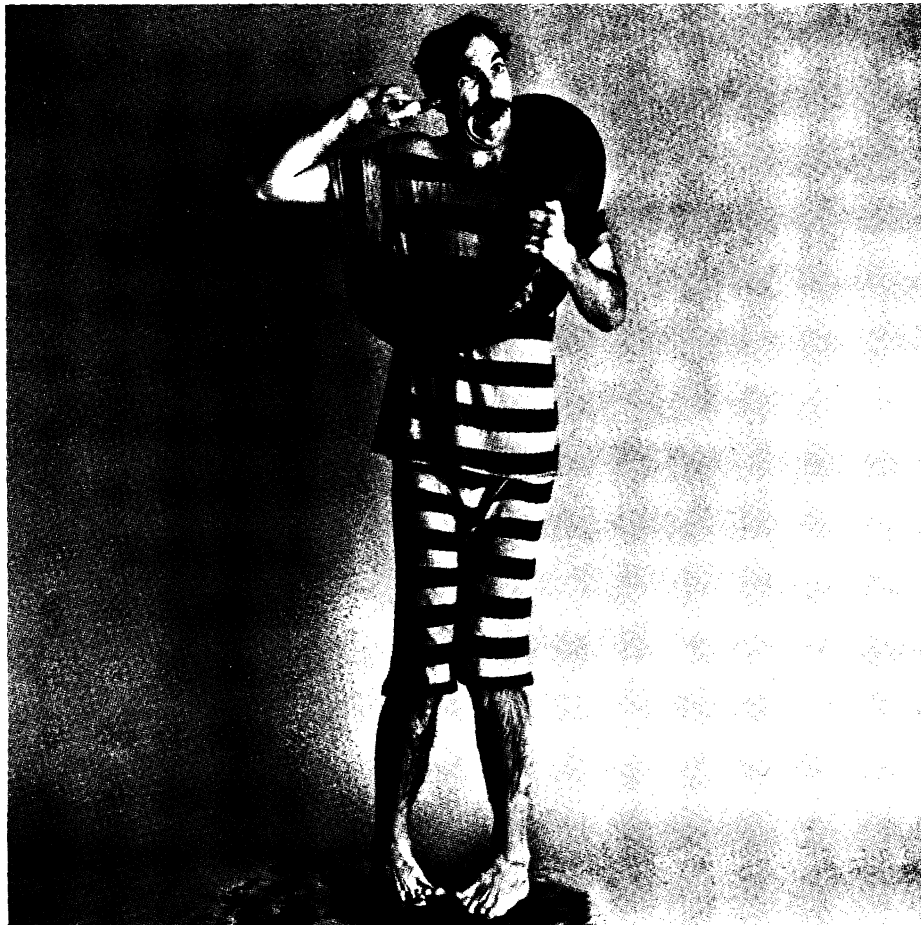
Good taste = patient acceptance
Relieves G.I. gas distress
Non-constipating

*with the defoaming action of simethicone



PHARMACEUTICALS Pasadena, Calif. 91107
Division of Atlas Chemical Industries, Inc., Wilmington, Del. 19801





HELP! IN SWIMMER'S EAR,

help comes fast with Furacin Otic. Dipiperodon hydrochloride provides rapid relief of pain and pruritus . . . antibacterial Furacin (nitrofurazone) and antimycotic Micofur (nifuroxime) combat the susceptible pathogens. The nonmac-
erating, hygroscopic vehicle softens cerumen . . . penetrates to the infection
. . . permits free drainage.

FURACIN[®] OTIC (nitrofurazone)

antibacterial/anesthetic/antifungal

Formula: Contains (w/w) 0.2% Furacin, brand of nitrofurazone, 0.375% Micofur[®], brand of nifuroxime, and 2% dipiperodon hydrochloride dissolved in water-soluble, non-drying, hygroscopic polyethylene glycol.

Indications: For treatment of bacterial otitis externa, bacterial otitis media and otomycosis. In otitis media, this preparation is not effective if the tympanic membrane is intact.

Furacin (nitrofurazone) and Micofur (nifuroxime) are active against a variety of gram-positive and gram-negative organisms. Activity versus *Pseudomonas* sp. is limited to certain strains. Micofur (nifuroxime) is active against *Candida* (*Monilia*) *albicans*.

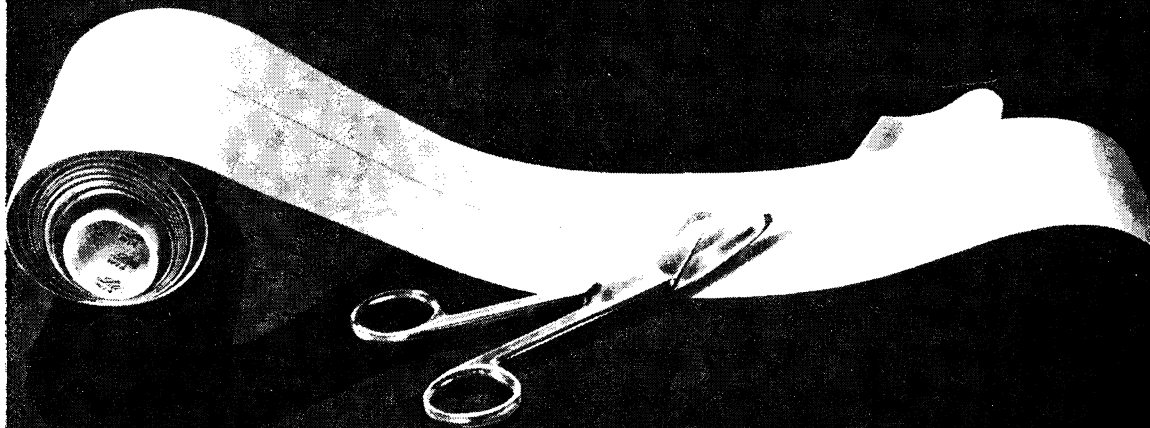
Precautions: Sensitization may occur with prolonged use and is more likely to develop in eczematous otitis externa. To minimize such reactions (a) limit application to a week or less, and (b) avoid use of excessive amounts which may run down the face.

This preparation is not indicated for use in treatment of cholesteatoma, where surgical intervention is necessary.
Supplied: Bottle of 15 cc. with dropper.



TMOriginators and Developers of The Nitrofurans
EATON LABORATORIES
Division of The Norwich Pharmacal Company
NORWICH, NEW YORK 13815

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available for your
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needs**



Cordran[®] Tape
Flurandrenolide Tape (4 mcg. per sq. cm.)

Additional information available upon request • Eli Lilly and Company, Indianapolis, Indiana 46206

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Campbell's Soups... wide variety...for limited appetites

Many people lose interest in food as they grow older. Some of them are fussy eaters—with only a few favorite foods. Others become indifferent to foods—because planning and preparing meals becomes a chore. Here Campbell's Soups can help—for these four very good reasons:

Appeal With a variety of tastes, textures, aromas, and colors, Campbell's Soups can add interest and appetite appeal. And they're easy to eat—ingredients are tender, bite-size. Many patients on special diets will find soups they can enjoy among the more than 50 different varieties available.



Nourishment Campbell's Soups contain selected meats and sea foods, best garden vegetables—carefully processed to help retain their natural flavors and nutritive values.

Convenience Within 4 minutes a bowl of delicious soup is heated and ready to eat.

Economy Campbell's Soups are inexpensive—an important consideration to those whose budgets are limited.

Recommend Campbell's Soups . . . and, of course, enjoy them yourself. Remember, *there's a soup for almost every patient and diet . . . and for every meal.*

Introducing...

New products to help improve patient care while providing more effective use of office time

The RocomTM Medical Management System...



Rocom Health History System -- provides maximum screening information about the patient with a minimum expenditure of your time. Prior to your examination, the patient answers 129 carefully chosen questions arranged by body system. Only positive answers transfer through to the summary sheet. You get an immediate picture of the patient's current complaints with the assurance that all important screening questions are covered.

Rocom Medical Record System -- a simple but comprehensive method for keeping a complete record on every one of your patients. Permits you to review a patient's medical history in seconds and retrieve information quickly. Can be used with the "problem-oriented" method of keeping patient records. Color coding eliminates the likelihood of misplaced files. A disease cross-index card keeps track of all patients with the same disease. Well-kept records can be one of the greatest deterrents to malpractice suits. The Rocom Medical Record System helps protect your good name.

The new Rocom Medical Management System* can help you provide better care for your patients and, at the same time, make better use of your office time. In designing these products hundreds of doctors, nurses and receptionists were consulted about their particular office problems; and more than two years of development under actual office conditions proved that they actually do help solve these difficulties without upsetting existing routines. Each component deals with a specific problem area -- health histories, medical records, the telephone, and scheduling appointments. They may be employed alone, in various combinations, or preferably, as the complete Rocom Medical Management System, depending on your own office situation. Most physicians -- whether they practice alone or with a group -- will find one or more of these components useful. You are invited to obtain additional information about the Rocom Medical Management System by sending us the accompanying coupon.

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Division of Hoffmann-La Roche Inc.
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Fairview, New Jersey 07022

Gentlemen:
I am interested in obtaining additional information about:

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| <input type="checkbox"/> Health History System | <input type="checkbox"/> Medical Record System |
| <input type="checkbox"/> Telephone System | <input type="checkbox"/> Appointment System |

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Street _____

City _____ State _____

Please do not forget Zip Code _____

9



Rocom Telephone System -- a complete system; one that can be understood quickly by your newest office aide; one that permits your staff to answer specific patient questions with confidence; one that will make your practice more productive by assuring that you are interrupted only when you think it necessary. Self-adhesive backing assures that all incoming calls can become part of the patient's permanent record.

Rocom Appointment System -- worked out by you in your own practice with the help and guidance of Rocom. Time segments are individualized to your own requirements. Can be coordinated with your colleague's or nurse's schedule. Helps keep a steady flow of traffic through the waiting room. An unlimited variety of schedules available.

**functional
bowel distress
spastic and
irritable
colon**



Lido

move up to "the Robinul response"

**when lower
G-I symptoms
demand
a potent
synthetic
antispasmodic**

In treating hypermotility associated with functional lower G-I disorders are you disappointed in the results you've been getting with some of the synthetics? Then move up to a potent antispasmodic—Robinul® Forte (2 mg. glycopyrrolate). It provides prompt, pronounced, prolonged suppression of hypermotility, making it a highly effective agent in functional bowel distress, as well as in spastic and irritable colon. Robinul Forte also exerts a more selective action on the gastrointestinal tract. If the patient has a "one tract mind" concerning his lower G-I symptoms, you can help control the anxiety and tenseness by prescribing Robinul®-PH Forte (2 mg. glycopyrrolate with 16.2 mg. phenobarbital—warning: may be habit forming).

Robinul® 2mg. Forte (glycopyrrolate)

■ **INDICATIONS** Robinul Forte (glycopyrrolate, 2 mg.) and Robinul-PH Forte are double-strength dosage forms of glycopyrrolate. They are primarily indicated for patients who are less responsive to anticholinergic therapy and for control of the more prominent symptomatology associated with acute episodes of gastrointestinal disorders. Emphasis should be on total management, with due consideration of the various therapeutic modalities available, including diet, antacids, anticholinergic agents, sedatives, and attention to emotional problems. Accordingly, glycopyrrolate is recommended in the management of gastrointestinal disorders amenable to anticholinergic therapy, such as: (1) duodenal ulcer, duodenitis, pylorospasm; (2) gastric ulcer, gastritis, esophageal hiatal hernia, hyperchlorhydria, pyrosis, aerophagia, gastroenteritis; (3) esophagitis; (4) cholecystitis, chronic pancreatitis; (5) spastic and irritable colon, ulcerative colitis, functional bowel distress, diverticulitis, acute enteritis, diarrhea; and (6) splenic flexure syndrome, neurogenic gastrointestinal disturbances. When these conditions are associated with psychic overlay, the formulation with phenobarbital may be indicated. ■ **CONTRAINDICATIONS** Glaucoma, urinary bladder neck obstruction, pyloric obstruction, stenosis with significant gastric retention, prostatic hypertrophy, duodenal obstruction, cardiospasm (megaesophagus), and achalasia of the esophagus, and in the case of Robinul-PH Forte (glycopyrrolate with phenobarbital), sensitivity to phenobarbital. ■ **PRECAUTIONS** Administer with caution in the presence of incipient glaucoma. ■ **SIDE EFFECTS** The most frequent side effect noted during clinical trials was dry mouth. Thirty-three (3.3%) of 1,009 patients receiving 1 to 32 mg. of glycopyrrolate a day complained of dry mouth of moderate to severe degree, but only 11 discontinued treatment because of this. Blurred vision, constipation, and urinary hesitancy have been reported infrequently. Other side effects associated with the use of anticholinergic drugs include: tachycardia, palpitation, dilatation of the pupil, increased ocular tension, weakness, nausea, vomiting, headache, dizziness, drowsiness, and rash. ■ **DOSAGE** The average and maximum recommended dose of Robinul Forte (glycopyrrolate, 2 mg.) or Robinul-PH Forte is one tablet three times daily (in the morning, early afternoon, and at bedtime). To obtain optimum results, dosage should be adjusted to the individual patient's response. After the more severe symptoms associated with acute conditions have subsided, the dose may be reduced to the minimum required to maintain symptomatic relief. ■ **SUPPLY** Robinul Forte (glycopyrrolate, 2 mg.) is available as scored, compressed pink tablets engraved AHR/2 in bottles of 100 and 500. ■ Robinul-PH Forte (glycopyrrolate, 2 mg., with phenobarbital, 16.2 mg.) is available as scored, compressed blue tablets engraved AHR/2 in bottles of 100 and 500.

A. H. Robins Company, Richmond, Va.

A-H-ROBINS

"The year-round" ear



Otitis externa doesn't stop being a threat just because the swimming season is over. All year round, the external ear canal is exposed to infection and reinfection.

But whatever the predisposing cause of the external ear canal infection — at whatever time of the year — Coly-Mycin S Otic is equipped to treat infections due to sensitive organisms. Its comprehensive formula contains colistin and neomycin to destroy sensitive causative pathogens — gram-positive or gram-negative. Hydrocortisone to relieve itching and inflammation. And thonzonium bromide to help the active agents penetrate to the site of infection. So symptoms are alleviated promptly — usually within 24 hours.

Any day of the year.

COLY-MYCIN® S OTIC **with Neomycin and Hydrocortisone**

(colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension)

Each ml contains: Colistin base activity, 3 mg (as the sulfate); Neomycin base activity, 3.3 mg (as the sulfate); Hydrocortisone acetate, 10 mg (1%); Thonzonium bromide, 0.5 mg (0.05%). Polysorbate 80, acetic acid, and sodium acetate in a buffered aqueous vehicle. Thimerosal, 0.002%, added as a preservative.

Indications: Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension) is indicated in the treatment of acute and chronic external otitis due to or complicated by bacterial and/or fungal infections caused by susceptible organisms. It is also indicated for the prophylaxis of "swimmer's ear."

Contraindication: A history of sensitivity to any of the components or in tubercular, fungal and most viral lesions, especially herpes simplex, vaccinia and varicella.

Precautions: If sensitivity or irritation occurs, medication should be discontinued promptly. Overgrowth of resistant organisms is possible. Use with care in cases with perforated eardrum or in longstanding otitis media because of the possibility of ototoxicity caused by neomycin.

There are articles in the current medical literature that indicate an increase in the prevalence of persons sensitive to neomycin.

Adverse Reactions: A low incidence of mild burn-

ing or painful sensation in the ear has been reported. Such local effects do not usually require discontinuance of medication. Sensitivity reactions were reported in a few instances.

Administration and Dosage: After the ear has been completely cleansed and dried, Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension) should be instilled (a sterile dropper is provided) into the canal, or applied to the surface of the affected ear. Shake the suspension well before using.

The recommended therapeutic dosage of Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension) is four (4) drops, 3 times a day; prophylactically, four (4) drops before and after swimming. Until acute pain has subsided, it may be preferable or necessary in some patients to pack the ear with a cotton wick saturated with Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension). The wick should be kept wet at all times.

The patient should be instructed to avoid contaminating the dropper, especially with the fingers. Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic sus-

pension) is stable for eighteen (18) months at room temperature; however, prolonged exposure to higher temperatures should be avoided.

Supplied: Coly-Mycin S Otic with Neomycin and Hydrocortisone (colistin sulfate—neomycin sulfate—thonzonium bromide—hydrocortisone acetate otic suspension) is available in bottles containing 5 ml or 10 ml. Each ml contains 3 mg of colistin base activity (as the sulfate), 3.3 mg of neomycin base activity (as the sulfate), 10 mg of hydrocortisone acetate, 0.5 mg of thonzonium bromide, polysorbate 80, acetic acid and sodium acetate. A small amount (0.02 mg/ml) of thimerosal has been added as a preservative. Each package contains a sterile dropper. Full information is available on request.

In otitis externa
Coly-Mycin® S
Otic with Neomycin and
Hydrocortisone (colistin sulfate —
neomycin sulfate — thonzonium
bromide — hydrocortisone
acetate otic suspension)

The "year-round" otic for the
"year-round" ear

CMO-GP-11-B/W

WARNER-CHILCOTT, Morris Plains, New Jersey 07950





of the
tetracycline-nystatin
products

...none is lower priced

TETRACYCLINE HCl 25 mg. NYSTATIN 25,000 U./cc.



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PHYSICIANS WANTED

GENERAL PRACTITIONER OR INTERNIST or both, needed by one very busy General Practitioner. Office space available, will remodel to needs of physician. Friendly community, located in the Sierra mountains of northern California, in the heart of skiing, hunting, fishing and swimming area. 12 minutes from modern 14-bed hospital, and two hours away from metropolitan cities. Westwood Chamber of Commerce, Box 1235, Westwood, Ca. 96137. Phone: (916) 256-3662.

GP NEEDED in Mount Shasta, California, area. Approximately 18,000 population. Presently seven GP's in practice. 25-bed acute general hospital. For further details contact Administrator, Eskaton Mount Shasta Healthcare Center, 203 Eugene Ave., Mount Shasta, Ca. 96067. (916) 926-4515.

GENERAL PRACTITIONER URGENTLY NEEDED for a growing Sacramento suburban community of approximately 14,000 residents. Area totally without MD's services. Major hospital facilities nearby. Contact: Chamber of Commerce, P.O. Box 75, Rio Linda, Ca. 95673. Attn: Harold Ellsworth, (916) 991-4404.

FOUR MAN PARTNERSHIP WANTS GENERAL PRACTITIONER, Internist, or Pediatrician. Salary then partnership. No initial investment necessary. Full x-ray and lab. Large staff. Open staff community hospital nearby. J. V. Hume, M.D., Eaton Avenue Medical Group, 550 W. Eaton Ave., Tracy, Ca. 95376.

STAFF VACANCIES EXIST—INTERNIST OR G.P.—425 bed accredited general hospital, Veterans home, Yountville, Ca. 94599. Contact Manager.

PARTNER to join four-man general practice group in Davis, California. Educational and sabbatical leaves. Call R. F. White. (916) 753-3346 or write Box 9261, Calif. Med.

DERMATOLOGISTS—Southern California (Lakewood and Huntington Beach). Full- or part-time, minimum plus percentage of gross. Edward B. Frankel, M.D., 5203 Lakewood Boulevard, Lakewood, Ca. 90712.


DIRECTORSHIP of newly organized catheterization laboratory in Southern California, at a community hospital. Association with another cardiologist. Available late July 1971. Box 9268, Calif. Med.

INTERNIST—General or subspecialty. Association with internist, cardiologist. Initial salary, then association. Coastal California community. Box 9269, Calif. Med.

PEDIATRICIAN AND G.P. NEEDED to complete excellent group—Long Beach independent practicing doctors. Owner will assist financing move and setting up office. Write Thomas W. Evans, M.D., 875 Comstock, Los Angeles, Ca. 90024.

FABULOUS PALM SPRINGS—work part time, then play. Desert Hospital has modern specialized services; ICU, large inhalation therapy department, full-time Medical Education Director, etc. Emergency room physician needed. \$500/day plus extras; paid insurance. Arthur Greenwald, M.D., Desert Hospital, Palm Springs, Ca. 92262.

(Continued on page 34)



In the glaucoma patient
on cerebral or peripheral
vasodilator therapy
**no treatment
conflict
reported**



VASODILAN[®]

(ISOXSUPRINE HCl)

the compatible vasodilator

- no reported increase of intraocular pressure.
- conflicts have not been reported with diuretics, corticosteroids, antihypertensives or miotics.
- complications in the treatment of coronary insufficiency, hypertension, diabetes, peptic ulcer or liver disease have not been reported.

In fact, there are no known contraindications in recommended oral doses other than it should not be given in the presence of frank arterial bleeding or immediately postpartum.

Although not all clinicians agree on the value of vasodilators in vascular disease, several investigators¹⁻⁴ have reported favorably on the effects of isoxsuprine. Effects have been demonstrated both by objective measurement^{1,4} and observation of clinical improvement.^{1,3}

Indications: Cerebrovascular insufficiency, arteriosclerosis obliterans, diabetic vascular diseases, thromboangiitis obliterans (Buerger's disease), Raynaud's disease, postphlebotic conditions, acroparesthesia, frostbite syndrome and ulcers of the extremities (arteriosclerotic, diabetic, thrombotic). **Composition:** VASODILAN tablets, isoxsuprine HCl 10 mg. and 20 mg. **Dosage:** Oral—10 to 20 mg. t.i.d. or q.i.d. **Contraindications and Cautions:** There are no known contraindications to recommended oral dosage. Do not give immediately postpartum or in the presence of arterial bleeding. **Side Effects:** Occasional palpitation and dizziness can usually be controlled by dosage reduction. Complete details available in product brochure from Mead Johnson Laboratories. **References:** 1. Clarkson, I. S., and LePere, D. M.: *Angiology* 11:190-192 (June) 1960. 2. Horton, G. E., and Johnson, P. C., Jr.: *Angiology* 15:70-74 (Feb.) 1964. 3. Dhrymiotis, A. D., and Whittier, J. R.: *Curr. Ther. Res.* 4:124-128 (April) 1962. 4. Whittier, J. R.: *Angiology* 15:82-87 (Feb.) 1964.

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HELEN RISLOW BURNS, M.D.
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High Standards of Psychiatric Treatment
..... *Serving the Los Angeles Area*



Accredited by
Joint Commission on Accreditation of Hospitals

Exclusively for ACUTE AND CHRONIC ALCOHOLISM

Woodside Acres Hospital

MEMBER AMERICAN HOSPITAL ASSOCIATION
1600 Gordon Street Redwood City, California

EMerson 8-4134

(Continued from page 31)

PHYSICIANS WANTED

GP FOR EXPANDING MEDICAL GROUP—Immediate openings available. Los Angeles and Orange County, Long Beach area. Full or part time. Hours flexible. Top salary plus partnership plus fringe benefits. Call Mary Ann Mrkoncic, (213) 322-5393.

INTERNIST—Expanding 7-man mixed specialty group needs Internist, under age 35. Self-contained lab and x-ray departments. Initial salary open. Early partnership consideration. Excellent housing, educational, cultural, recreational facilities. Ideal moderate climate. D. L. Dudley, Administrator, Blossom Ridge Medical Group, 15066 Los Gatos-Almaden Road, Los Gatos, Ca. 95030.

PRACTICES FOR SALE

GOING PRACTICE FOR SALE, with or without beautiful newer home on lake. Hospital facilities available. Idaho panhandle, Sand Point area; Schweitzer Basin ski area 15 miles. Late evening calls (208) 263-4361.

MANY OUTSTANDING CALIFORNIA MEDICAL PRACTICES for sale—Various locations and sizes too numerous to list individually. If you are looking for an opportunity to practice, contact Professional Practice Sales, 17411 Irvine Blvd., Tustin, Ca. (714) 832-0230, or 1428 Irving Street, San Francisco (415) 661-0608. Also appraisals and brokerage services for physicians contemplating sale of medical practices.

SITUATIONS WANTED

31-YEAR-OLD CALIFORNIA LICENSED PODIATRIST with B.S., and Doctor of Podiatric Medicine degrees, National Board Diplomate, and San Francisco Internship desires to associate with M.D., or active group of M.D.'s in San Francisco or Peninsula areas. Surgical and Orthopedic experience. Phone (415) 797-1561.

GENERAL SURGEON, 39, certified Canada General Surgery, eligible American Boards. Experience extensive abdominal surgery, thoracic, trauma. Seeks relocation, solo or one-man partnership. Box 9267, Calif. Med.

32-YEAR-OLD, MARRIED, UNIVERSITY TRAINED board eligible Ob-Gyn, finishing military obligation in August, 1971, desires association leading to partnership with one or more Ob-Gyn's. Contact Frank A. Desandre, M.D., 5241 Alamo Drive #109, Abilene, Texas 79605. (915) 692-7515.

ASSOCIATES WANTED

ASSOCIATE IN GENERAL PRACTICE OR INTERNAL MEDICINE—

I have modern 2-year-old office, built for 3 men, on grounds of modern 4-year-old hospital with complete facilities and ICU. I am 52, Diplomate of American Board of Family Practice. Woodland, Calif., is in rich Sacramento Valley with excellent general hunting and fishing. Only 20 minutes from Sacramento. (916) 662-8671.

VACATION RENTAL

HAWAIIAN (HANALEI, KAUAI) VACATION beach home for only \$500.00 per month. Old Hawaiian atmosphere, away from crowded beaches. Excellent skin diving, swimming and beaches. Available September 1971 through May 1972, inclusive. Weekly rate \$150.00. For details, pictures and information write Box 9221, Calif. Med.

HOUSEBOAT FUN! On 1,000 scenic miles of Sacramento-San Joaquin Delta Waterways. Cruise, swim, ski, fish or simply relax. Deluxe houseboats equipped for 6-8. Full galley. Hot water and showers. Railed walk-ways around cabin. Dinghy and oars inc. For free color brochure, write HOLIDAY FLOTELS-DELTA, Box CM-8771, Stockton, Ca. 95204. Phone: (209) 477-9544; L.A. Phone: (213) 651-4532.

(Continued on page 39)

The least expensive* erythromycin has a brand name



Upjohn has reduced the price of
E-Mycin® (erythromycin, Upjohn) by 25%
following a change in manufacturing facilities.

That makes E-Mycin the lowest priced*
erythromycin on the market. Now your patients
can have an Upjohn drug and save money besides.

*Prior to June 1, 1971

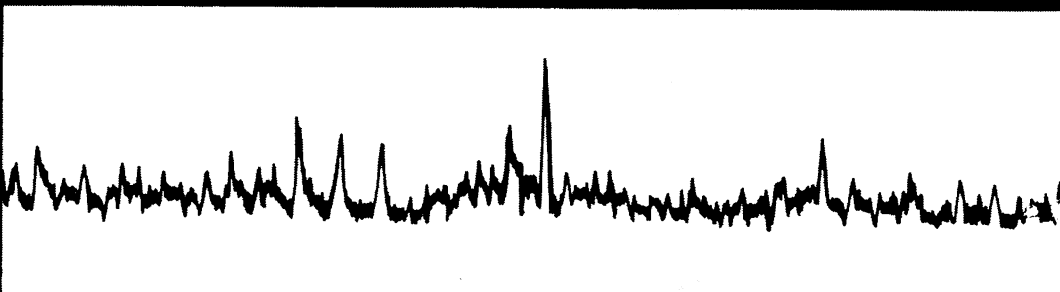
E-Mycin®
250 mg. tablets
(erythromycin, Upjohn)

An intestinal autobiography of rage, contentment and horror*

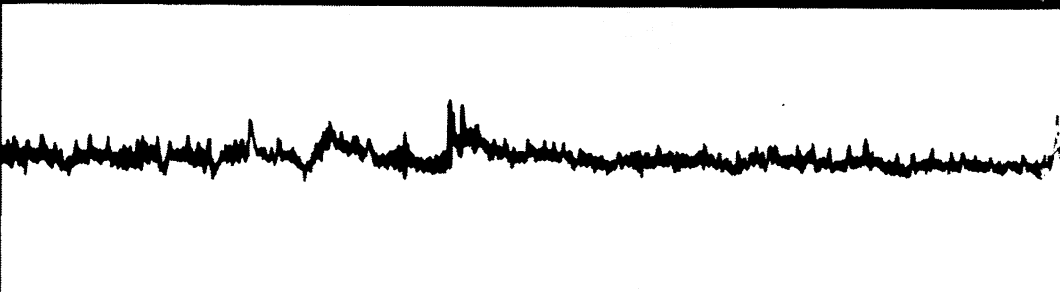
"Feeling unfairly taxed by the government (Internal Revenue Service) and not given enough attention by A.U.O. [an experimenter to whom the subject became very attached], he became overtly critical and accusatory. He shouted, raged, and threatened to quit."*



"The motility that day was quiet. This type of recording is seen regularly when he is relaxed and contented and the laboratory seems peaceful."*



He was overwhelmed by "paralyzing horror" when told he would need a partial laryngectomy for removal of an early carcinoma; "...the activity of the ileum virtually ceased for over a five-minute period..."*



Background

*Data presented here derive from a 13-year ongoing study by Henry Harrison Sadler, M.D., and Aline Underhill Orten, Ph.D., at Wayne State University. Their findings, which demonstrate a correlation between the emotional state of a human subject and the motility of an isolated segment of his ileum, were published in the April, 1968, *American Journal of Psychiatry*, volume 124, page 1375.

The subject is a 56-year-old man with a 40-cm Thiry loop of ileum created as a result of emergency surgery. A person of modest attainment and simple tastes, the subject depends on the investigators as he might his own family. His full-time job is as a "human laboratory," and throughout the 13-year period of the study, he has taken great personal pride in his own participation.

A story charged with emotion

The graphs on the facing page are intestinal motility readings on a human subject experiencing the emotions of rage, contentment and horror (see "Background" below left). This "intestinal autobiography" dramatizes the point that certain emotions correlate with specific patterns of G.I. motility.

The visceral clutch and functional G.I. disorders

The gut response to stress has been amply demonstrated in many functional G.I. disorders. Nervous diarrhea and irritable colon syndrome, for example, are disorders associated with abnormal G.I. motility. And these disorders are commonest among patients sensitive to life-stress situations productive of conflict and excessive anxiety.

Librax® calms anxiety, calms the gut

In these areas of G.I. pathology, Librax has become a mainstay of adjunctive therapy. Reason? Effective two-way calming action. Librax, by relieving excessive anxiety, not only helps calm emotional overreaction to stress, it controls intestinal hypermotility, too. Depend on Librax—the only drug that combines the well-known antianxiety action of Librium® (chlordiazepoxide HCl) and the potent, dependable antisecretory/antispasmodic action of Quarzan® (clidinium Br).

**1 or 2 capsules, 3 or 4 times daily
in the treatment of
nervous diarrhea and
irritable colon syndrome**

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Indicated as adjunctive therapy to control emotional and somatic factors in gastrointestinal disorders.

Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (e.g., excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances, syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, i.e., dryness of mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

**In functional G.I. disorders,
adjunctive
Librax®**

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

calms anxiety, calms the G.I. tract



Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

**For the
prevention
of the
gripping
pain of
angina**



Peritrate® SA

**Sustained Action
(pentaerythritol
tetranitrate) 80 mg**

**A logical choice for the
“new” patient with
angina pectoris.**

**See full prescribing information
on opposite page.**

Peritrate® SA

Sustained Action
(pentaerythritol
tetranitrate) 80 mg

Indications: PERITRATE SA Sustained Action (pentaerythritol tetranitrate) 80 mg is indicated for the relief of angina pectoris (pain associated with coronary artery disease). It is not intended to abort the acute anginal episode but is widely regarded as useful in the prophylactic treatment of angina pectoris.

Contraindications: PERITRATE SA Sustained Action (pentaerythritol tetranitrate) 80 mg is contraindicated in patients who have a history of sensitivity to the drug.

Warning: Data supporting the use of PERITRATE (pentaerythritol tetranitrate) during the early days of the acute phase of myocardial infarction (the period during which clinical and laboratory findings are unstable) are insufficient to establish safety. This drug can act as a physiological antagonist to norepinephrine, acetylcholine, histamine, and many other agents.

Precautions: Should be used with caution in patients who have glaucoma. Tolerance to this drug, and cross-tolerance to other nitrites and nitrates may occur.

Adverse Reactions: Side effects reported to date have been predominantly related to rash (which requires discontinuation of medication) and headache and gastrointestinal distress, which are usually mild and transient with continuation of medication. In some cases severe persistent headaches may occur. In addition, the following adverse reactions to nitrates such as pentaerythritol tetranitrate have been reported in the literature: (a) Cutaneous vasodilatation with flushing. (b) Transient episodes of dizziness and weakness, as well as other signs of cerebral ischemia associated with postural hypotension, may occasionally develop. (c) An occasional individual exhibits marked sensitivity to the hypotensive effects of nitrite and severe responses (nausea, vomiting, weakness, restlessness, pallor, perspiration and collapse) can occur, even with the usual therapeutic doses. Alcohol may enhance this effect.

Dosage: PERITRATE SA Sustained Action (pentaerythritol tetranitrate) 80 mg (b.i.d. on an empty stomach), 1 tablet immediately on arising and 1 tablet 12 hours later.

Supplied: PERITRATE SA Sustained Action (pentaerythritol tetranitrate) 80 mg, bottles of 100 and 1000 tablets.

Additional Dosage Forms: PERITRATE (pentaerythritol tetranitrate) 10 mg and 20 mg tablets with or without phenobarbital 15 mg, bottles of 100 and 1000 tablets. PERITRATE with Phenobarbital SA Sustained Action—pentaerythritol tetranitrate 80 mg and phenobarbital 45 mg, bottles of 100 and 1000 tablets.

Warning: Tablets containing phenobarbital may be habit forming. PERITRATE with Nitroglycerin—pentaerythritol tetranitrate 10 mg with nitroglycerin 0.3 mg, bottles of 50 tablets.



WARNER-CHILCOTT
Morris Plains, New Jersey 07950

PE-GP-11

(Continued from page 34)

OFFICES FOR LEASE, RENT OR SALE

SANTA BARBARA, CALIF.—Unique ownership participation. Your medical practice rent payment can contribute to your equity build-up in established ultra-modern 20-suite medical center building with excellent location near hospitals. Beautifully finished suites available for immediate occupancy. Box 9262, Calif. Med.

FOR LEASE in Modesto—Medical suite, modern, air conditioned. Three treatment rooms, centrally located at 215 Needham Avenue. Phone (209) 523-3571.

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Your ulcer patients and others will praise it. Specify DICARBOSIL 144's—144 tablets in 12 rolls.



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SACRAMENTO—Exceptional opportunity. 850 sq. ft. office space facing tropical garden in new modern building. Great opportunity for GP, X-Ray and lab in building. Other suites occupied by ophthalmologist, orthopaedic surgeon, hand surgeon, surgeon and radiologist. For further info. Park Medical Building, 6945 Fair Oaks Blvd., Carmichael, Ca. 95608. (916) IV3-5011.

EXCELLENT OPPORTUNITY FOR GENERAL PRACTICE in small farming community in San Joaquin Valley. Modern air-conditioned building suitable for one or two physicians. 1600 sq. ft., fully furnished with 100ma x-ray, diathermy, ekg. Price of \$36,500 includes building, furnishings, adjacent extra lot. Generous terms. William Wheaton, M.D., 1107-11th Avenue, Delano, Ca. 93215, or call collect (805) 725-1071.

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SPACE AVAILABLE in garden type medical building in Burlingame, California, for ophthalmologist. Ample parking space available. Located within one mile of two major hospitals. About 15 miles from the University of California Medical Center and Stanford University Hospital. Contact: R. F. McLaughlin, M.D., 530 El Camino Real, Burlingame, Ca. 94010. (415) 344-2527.

MODERN MEDICAL-DENTAL SUITE—6 rooms, in San Bruno, in the finest residential, business and suburb area. For lease. Write to: Z. Arendt, 1015 Shotwell, San Francisco, Ca. 94110.

(Continued on page 40)

The girth control pill



Tepanil® Ten-tab (continuous release form) (diethylpropion hydrochloride, N.F.)

When girth gets out of control, TEPANIL can provide sound support for the weight control program you recommend. TEPANIL reduces the appetite—patients enjoy food but eat less. Weight loss is significant—gradual—yet there is a relatively low incidence of CNS stimulation.

Contraindications: Concurrently with MAO inhibitors, in patients hypersensitive to this drug, in emotionally unstable patients susceptible to drug abuse.

Warning: Although generally safer than the amphetamines, use with great caution in patients with severe hypertension or severe cardiovascular disease. Do not use during first trimester of pregnancy unless potential benefits outweigh potential risks.

Adverse Reactions: Rarely severe enough to require discontinuation of therapy, unpleasant symptoms with diethylpropion hydrochloride have been reported to occur in relatively low incidence. As is characteristic of sympathomimetic agents, it may occasionally cause CNS effects such as insomnia, nervousness, dizziness, anxiety,

and jitteriness. In contrast, CNS depression has been reported. In a few subjects, an increase in convulsive episodes has been reported. Sympathomimetic cardiovascular effects reported include ones such as tachycardia, precordial pain, arrhythmia, palpitation, and increased blood pressure. One published report described T-wave changes in the ECG of a healthy young male after ingestion of diethylpropion hydrochloride; this was an isolated experience, which has not been reported by others. Allergic phenomena reported include such conditions as rash, urticaria, ecchymosis, and erythema. Gastrointestinal effects such as diarrhea, constipation, nausea, vomiting, and abdominal discomfort have been reported. Specific reports on the hematopoietic system include two each of bone marrow depression, agranulocytosis, and leukopenia. A variety of miscellaneous adverse reactions have been reported by physicians. These include complaints such as dry mouth, headache, dyspnea, menstrual upset, hair loss, muscle pain, decreased libido, dysuria, and polyuria.

Convenience of two dosage forms: TEPANIL Ten-tab tablets: One 75 mg. tablet daily, swallowed whole, in midmorning (10 a.m.); TEPANIL: One 25 mg. tablet three times daily, one hour before meals. If desired, an additional tablet may be given in mid-evening to overcome night hunger. Use in children under 12 years of age is not recommended.

T-107/A/71/U.S. PATENT NO. 3,001,910



THE NATIONAL DRUG COMPANY
DIVISION OF RICHARDSON-MERRELL INC.
PHILADELPHIA, PENNSYLVANIA 19144



Painful night leg cramps...

unwelcome bedfellow for any patient—
including those with arthritis, diabetes or PVD

One thing patients can sleep without, particularly patients with chronic disease conditions such as arthritis, diabetes or PVD, is painful night leg cramps. Although seldom the presenting complaint, night leg cramps can tie your patients up in painful knots. Now, just one tablet of QUINAMM at bedtime can usually bring an end to shattered sleep and needless suffering. Your patients will sleep restfully—gratefully—with QUINAMM, specific therapy to prevent painful night leg cramps.

Prescribing Information — Composition: Each white, beveled, compressed tablet contains: Quinine sulfate, 260 mg., Aminophylline, 195 mg. **Indications:** For the prevention and treatment of nocturnal and recumbency leg muscle cramps, including those associated with arthritis, diabetes, varicose veins, thrombophlebitis, arteriosclerosis and static foot deformities. **Contraindications:** QUINAMM is contraindicated in pregnancy because of its quinine content. **Precautions/Adverse Reactions:** Aminophylline may produce intestinal cramps in some instances, and quinine may produce symptoms of cinchonism, such as tinnitus, dizziness, and gastrointestinal disturbance. Discontinue use if ringing in the ears, deafness, skin rash, or visual disturbances occur. **Dosage:** One tablet upon retiring. Where necessary, dosage may be increased to one tablet following the evening meal and one tablet upon retiring. **Supplied:** Bottles of 100 and 500 tablets.



THE NATIONAL DRUG COMPANY
DIVISION OF RICHARDSON-MERRELL INC.
PHILADELPHIA, PENNSYLVANIA 19144

QuinammTM
(quinine sulfate 260 mg., aminophylline 195 mg.)

Specific therapy for night leg cramps

JUDGE ANTIBIOTIC OINTMENTS HERE



Results on skin are final proof of any topical antibiotic's effectiveness

No in vitro test can duplicate a clinical situation on living skin. 'Neosporin' (polymyxin B — bacitracin — neomycin) Ointment has consistently proven its effectiveness in thousands of cases of bacterial skin infection. The spectra of the three antibiotics overlap in such a way as to provide bactericidal action against most pathogenic bacteria likely to be found topically. Diffusion of the antibiotics from the special petrolatum base is rapid since they are insoluble in the petrolatum, but readily soluble in tissue fluids. The Ointment is bland and nonirritating.

Caution: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

Contraindications: This product is contraindicated in those individuals who have shown hypersensitivity to any of its components.

Supplied: Tubes of 1 oz., ½ oz. with applicator tip, and ¼ oz. with ophthalmic tip.
Complete literature available on request from Professional Services Dept. PML.

'NEOSPORIN'[®]

brand

POLYMYXIN B-BACITRACIN-NEOMYCIN OINTMENT



BURROUGHS WELLCOME & CO. (U.S.A.) INC., Tuckahoe, N.Y.

Anatomy of antacid acceptance

Mouths taste antacids by feel, too. So we set about making our antacid taste good to the texture receptors as well as to the flavor buds. How? By adding "smoothers." The same smoothers responsible for the velvety consistency of many foods.

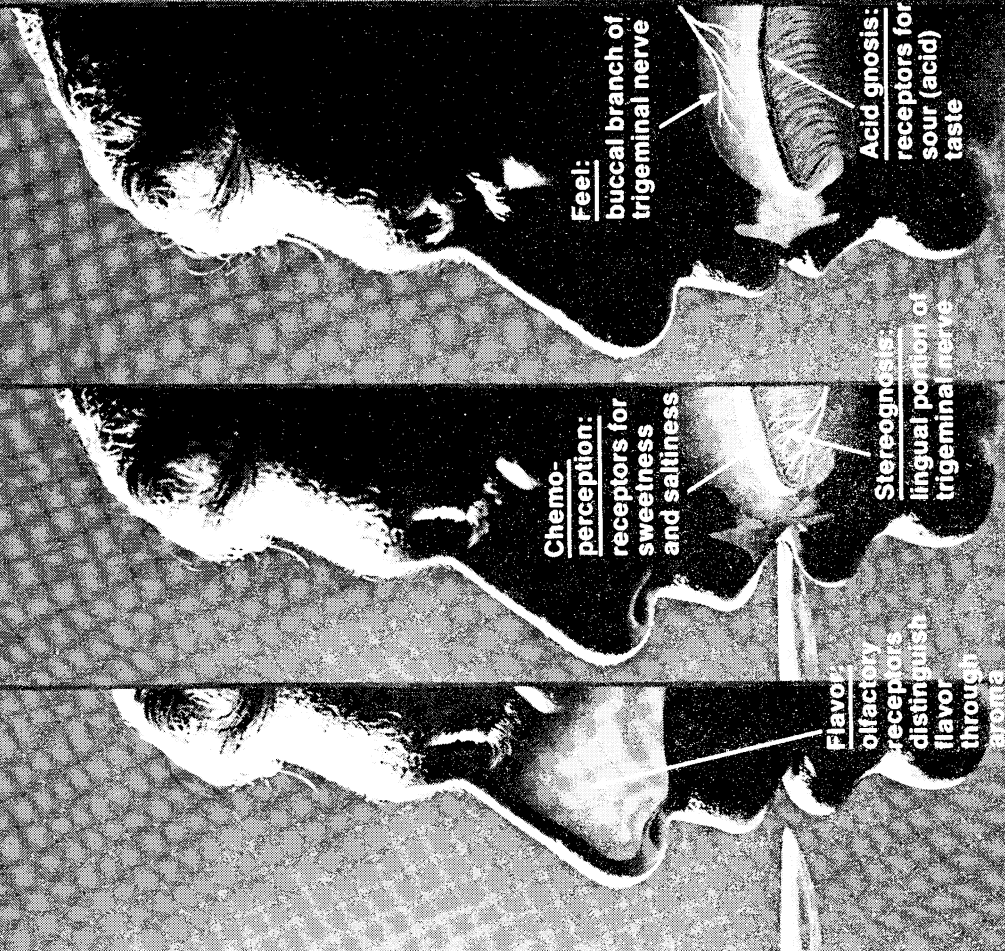
Alginates in Gelusil-M Liquid...mannitol in Gelusil-M Tablets.

The result. No grittiness. No antacid aftertaste. Just pleasing satin-smooth mouthfeel. In addition to a refreshing spearmint flavor. Your patients will appreciate the Gelusil-M difference.

Gelusil-M contains magnesium trisilicate, aluminum hydroxide (W/C) and magnesium hydroxide.

 WARNER-CHILCOTT, Morris Plains, New Jersey

A new feel in antacid taste
Gelusil-M
 Liquid Tablets



Feel:
 buccal branch of
 trigeminal nerve

Acid gnosis:
 receptors for
 sour (acid)
 taste

Stereognosis:
 lingual portion of
 trigeminal nerve

Flavor:
 olfactory
 receptors
 distinguish
 flavor
 through
 aroma

Texture:
 palatine nerves

Threshold stimuli:
 receptors for
 bitter taste

Alkaloid gnosis:
 lingual branch of
 glossopharyngeal
 nerve

Flavor:
 superior laryngeal
 branch of vagus
 nerve

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The Unwanted Child & Birth Control

Ten thousand battered children—a growing medical problem?

In his daily practice the physician witnesses the human suffering caused by uncontrolled fertility. Perhaps one of its most tragic effects is the unwanted child, who so often experiences parental rejection. The rejected child in a family may be neglected, nagged and severely punished. Sometimes he is criminally abused. Child abuse is common enough to have become a separate clinical entity: the "battered child" syndrome. Reliable statistics are difficult to obtain, but it has been estimated that in this country alone roughly 10,000 children are "battered" per year, and their number may be increasing.

A revealing picture of child abuse patterns is

provided by one study of the American Humane Society. More than half of the 662 children involved (all reported in newspapers within a single year) were less than 4 years of age. One fourth of the battered youngsters died; most of these deaths were of children less than 2 years of age. Fathers were more often guilty of child abuse than mothers, but sometimes both parents participated. The study indicated that battered children are not limited to any particular socioeconomic stratum.

***For the complete brochure, and others in the series as they appear, please write to Searle or ask your Searle representative.** Explored in the forthcoming issues will be the history of birth control, the influence of poverty, ethnic factors and marital status, its role in illness, its genetic implications and its effects on the emotional and behavioral life of the individual.

Original contributions to the science of contraception

BOTH AVAILABLE IN 21- AND 28-PILL SCHEDULES

Ovulen® • Demulen®

Each white tablet contains: ethynodiol diacetate 1 mg./mestranol 0.1 mg.

Each white tablet contains: ethynodiol diacetate 1 mg./ethinyl estradiol 50 mcg.

Each pink tablet in Ovulen-28® and Demulen®-28 is a placebo, containing no active ingredients.

Demulen... for its low estrogen and Searle's progestin—or Ovulen... with its wide physician and patient acceptance. Both offer almost complete contraceptive effectiveness and a low incidence of side effects. Both with a choice of pill-taking schedules... simple "Sunday-starting" and patient-proof Compack® tablet dispensers.

Actions—Ovulen and Demulen act to prevent ovulation by inhibiting the output of gonadotropins from the pituitary gland. Ovulen and Demulen depress the output of both the follicle-stimulating hormone (FSH) and the luteinizing hormone (LH).

Special note—Oral contraceptives have been marketed in the United States since 1960. Reported pregnancy rates vary from product to product. The effectiveness of the sequential products appears to be somewhat lower than that of the combination products. Both types provide almost completely effective contraception.

An increased risk of thromboembolic disease associated with the use of hormonal contraceptives has now been shown in studies conducted in both Great Britain and the United States. Other risks, such as those of elevated blood pressure, liver disease and reduced tolerance to carbohydrates, have not been quantitated with precision.

Long-term administration of both natural and synthetic estrogens in subprimate animal species in multiples of the human dose increases the frequency of some animal carcinomas. These data cannot be transposed directly to man. The possible carcinogenicity due to the estrogens can be neither affirmed nor refuted at this time. Close clinical surveillance of all women taking oral contraceptives must be continued.

Indication—Ovulen and Demulen are indicated for oral contraception.

Contraindications—Patients with thrombophlebitis, thromboembolic disorders, cerebral apoplexy or a past history of these conditions, markedly impaired liver function, known or suspected carcinoma of the breast, known or suspected estrogen-dependent neoplasia and undiagnosed abnormal genital bleeding.

Warnings—The physician should be alert to the earliest manifestations of thrombotic disorders (thrombophlebitis, cerebrovascular disorders, pulmonary embolism and retinal thrombosis). Should any of these occur or be suspected the drug should be discontinued immediately.

Retrospective studies of morbidity and mortality conducted in Great Britain and studies of morbidity in the United States have shown a statistically significant association between thrombophlebitis, pulmonary embolism, and cerebral thrombosis and embolism and the use of oral contraceptives. There have been three principal studies in Britain^{1,2} leading to this conclusion, and one³ in this country. The estimate of the relative risk of thromboembolism in the study by Vessey and Doll¹ was about sevenfold, while Sartwell and associates³ in the United States found a relative risk of 4.4, meaning that the users are several times as likely to undergo thromboembolic disease without evident cause as nonusers. The American study also indicated that the risk did not persist after discontinuation of administration, and that it was not enhanced by long-continued administration. The American study was not designed to evaluate a difference between products. However, the study suggested that there might be an increased risk of thromboembolic disease in users of sequential products. This risk cannot be quantitated, and further studies to confirm this finding are desirable.

Discontinue medication pending examination if there is sudden partial or complete loss of vision, or if there is a sudden onset of proptosis, diplopia or migraine. If examination reveals papilledema or retinal vascular lesions medication should be withdrawn.

Since the safety of Ovulen and Demulen in pregnancy has not been demonstrated, it is recommended that for any patient who has missed two consecutive periods pregnancy should be ruled out before continuing the contraceptive regimen. If the patient has not adhered to the prescribed schedule the possibility of pregnancy should be considered at the time of the first missed period.

A small fraction of the hormonal agents in oral contraceptives has been identified in the milk of mothers receiving these drugs. The long-range effect to the nursing infant cannot be determined at this time.

Precautions—The pretreatment and periodic physical examinations should include special reference to the breasts and pelvic organs, including a Papanicolaou smear since estrogens have been known to produce tumors, some of

them malignant, in five species of subprimate animals. Endocrine and possibly liver function tests may be affected by treatment with Ovulen or Demulen. Therefore, if such tests are abnormal in a patient taking Ovulen or Demulen, it is recommended that they be repeated after the drug has been withdrawn for two months. Under the influence of progestogen-estrogen preparations preexisting uterine fibromyomas may increase in size. Because these agents may cause some degree of fluid retention, conditions which might be influenced by this factor, such as epilepsy, migraine, asthma, cardiac or renal dysfunction, require careful observation. In breakthrough bleeding, and in all cases of irregular bleeding per vaginam, nonfunctional causes should be borne in mind. In undiagnosed bleeding per vaginam adequate diagnostic measures are indicated. Patients with a history of psychic depression should be carefully observed and the drug discontinued if the depression recurs to a serious degree. Any possible influence of prolonged Ovulen or Demulen therapy on pituitary, ovarian, adrenal, hepatic or uterine function awaits further study. A decrease in glucose tolerance has been observed in a significant percentage of patients on oral contraceptives. The mechanism of this decrease is obscure. For this reason, diabetic patients should be carefully observed while receiving Ovulen or Demulen therapy. The age of the patient constitutes no absolute limiting factor, although treatment with Ovulen or Demulen may mask the onset of the climacteric. The pathologist should be advised of Ovulen or Demulen therapy when relevant specimens are submitted. Susceptible women may experience an increase in blood pressure following administration of contraceptive steroids.

Adverse reactions observed in patients receiving oral contraceptives—A statistically significant association has been demonstrated between use of oral contraceptives and the following serious adverse reactions: thrombophlebitis, pulmonary embolism and cerebral thrombosis.

Although available evidence is suggestive of an association, such a relationship has been neither confirmed nor refuted for the following serious adverse reactions: neuro-ocular lesions, e.g., retinal thrombosis and optic neuritis.

The following adverse reactions are known to occur in patients receiving oral contraceptives: nausea, vomiting, gastrointestinal symptoms (such as abdominal cramps and bloating), breakthrough bleeding, spotting, change in menstrual flow, amenorrhea during and after treatment, edema, chloasma or melasma, breast changes (tenderness, enlargement and secretion), change in weight (increase or decrease), changes in cervical erosion and cervical secretions, suppression of lactation when given immediately post partum, cholestatic jaundice, migraine, rash (allergic), rise in blood pressure in susceptible individuals and mental depression.

Although the following adverse reactions have been reported in users of oral contraceptives, an association has been neither confirmed nor refuted: anovulation post treatment, premenstrual-like syndrome, changes in libido, changes in appetite, cystitis-like syndrome, headache, nervousness, dizziness, fatigue, backache, hirsutism, loss of scalp hair, erythema multiforme, erythema nodosum, hemorrhagic eruption and itching.

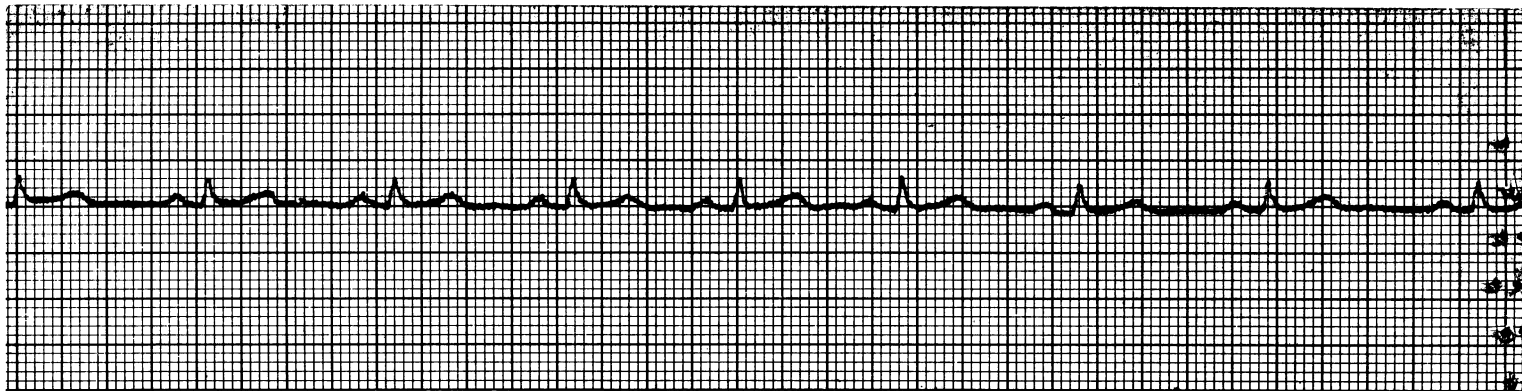
The following laboratory results may be altered by the use of oral contraceptives: hepatic function: increased sulfobromophthalein retention and other tests; coagulation tests: increase in prothrombin, Factors VII, VIII, IX and X; thyroid function: increase in PBI and butanol extractable protein bound iodine, and decrease in T₃ uptake values; metyrapone test and pregnanediol determination.

References: 1. Royal College of General Practitioners: Oral Contraception and Thrombo-Embolic Disease, *J. Coll. Gen. Pract.* 13:267-279 (May) 1967. 2. Inman, W. H. W., and Vessey, M. P.: Investigation of Deaths from Pulmonary, Coronary, and Cerebral Thrombosis and Embolism in Women of Child-Bearing Age, *Brit. Med. J.* 2:193-199 (April 27) 1968. 3. Vessey, M. P., and Doll, R.: Investigation of Relation Between Use of Oral Contraceptives and Thromboembolic Disease. A Further Report, *Brit. Med. J.* 2:651-657 (June 14) 1969. 4. Sartwell, P. E.; Masi, A. T.; Arthes, F. G.; Greene, G. R., and Smith, H. E.: Thromboembolism and Oral Contraceptives: An Epidemiologic Case-Control Study, *Amer. J. Epidemiol.* 90:365-380 (Nov.) 1969. 1A5

SEARLE

Where "The Pill" Began

G. D. Searle & Co., P.O. Box 5110, Chicago, Illinois 60680



When disease is ruled out and psychic tension is implicated

Valium® (diazepam)

2-mg, 5-mg, 10-mg tablets

helps relax the patient and relieve his somatic symptoms

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other

antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

Dosage: Individualize for maximum beneficial effect. **Adults:** Tension, anxiety and psychoneurotic states, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. **Geriatric or debilitated patients:** 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) **Children:** 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

Supplied: Valium® (diazepam) Tablets, 2 mg, 5 mg and 10 mg; bottles of 100 and 500. All strengths also available in Tel-E-Dose™ packages of 1000.

ROCHE

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Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110